00855-02827-00674-02943

(Requestor's Name)	_	
(Address)	_	
(Address)		
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		
,		

1004-2094



900025682119



01/12/04--01045--008 **100.00

02/03/04--01009--001 **25.00

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: LA MARINA DRYWALL, LLC (Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
LUIS TORRES					
(Name of Person)					
LA MARINA DRYWALL, LLC (Firm/Company)					
	1218 W. VERDNA STREET				
	(Address) KISSIMMEE, FL 34741 (City/State and Zip Code)				
For further information concerning this matter, please call:					
	LUIS TORRES at 407 932-3406 (Name of Person) (Area Code & Daytime Telephone Number)				

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 15, 2004

LUIS TORRES LA MARINA DRYWALL, LLC 1218 W. VERONA STREET KISSIMMEE, FL 34741

SUBJECT: LA MARINA DRYWALL, LLC

Ref. Number: W0400002096

We have received your document for LA MARINA DRYWALL, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 904A00002901

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LA MARINA DA	RYWALL, LLC
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1218 W. VERONA STREET	1218 W. VERONA STREET
KISSIMMEE, FL 34741	K15SIMMEE, FL 34741
ARTICLE III - Registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Countries and the Florida street address of the registered Agent, Registered Agent, Registered Countries and Registered Agent, Registered Countries and Registered Agent, Regist	istered agent are:
Name	INVERO
A 155 CHARNON, Florida street address (P.O.)	
KISSIMMEE, City, State, and	FLORIDA 34741
wing been named as registered agent and to accept servious mpany at the place designated in this certificate, I hereby see to act in this capacity. I further agree to comply with the disconnesses of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties.	accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as
Registered Agent's S	men = ==================================

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	<i>i</i>
MGR	LUIS TORRES
	1218 W. VFRONA STREET KISSIMMEE, FL 34741
MGRM	1100: - + 100:00
MBKN	1218 W. VFRONA STREET
	KISSIMMEE, FL 34741
	
(Use attachment if necessary)	**************************************
(Ose attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Journal of the second	1/8/04
Signature of a member or an au	ithorized representative of a member.
(In accordance with section 608.	408(3), Florida Statutes, the execution
of this document constitutes an at that the facts stated herein are tru	ffirmation under the penalties of perjury ie.)
LUIS TO	
Typed or pri	nted name of signee

filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)