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Address) (Address) (Address) (Address) (Address) (Address) (City/State/Zip/Phone #)	20002747705
DEICK-UP WAIT MAIL JOSE Martinez Dry Wall, Lee (Business Entity Name)	- 02/06/040103602
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FALLAHASSEE, FL
	ORIDA DEFAM J.

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TRANSMITTAL LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Jose Martines Drywell I'me LLC		
(Name of Limited Liability Jompany)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jose Martinez		
(Name of Person)		
Jose Martinez Drywul, LLC		
131 Rentz Road		
Quincy, FL 335/ (City/State and Zip Code)		
or further information concerning this matter, please call:		
tatricia Singleton at (850) 383-1940 (Name of Person)) at (850) (Area Code & Daytime Telephone Number)		
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	1	
Jose Mar	linez Drywall, LLC	
ARTICLE II - Address:	on an at the same of the	
The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
131 Roots Road	131 Rentz Road	
Quinay, FL 32357	Quincy, FL 32351	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registere	d agent are: ₽µ ♀	
Jose Martinez	L C F B	
Name	ASS 5	
131 Renta Ros		
Florida street address (P.O. Box NC		
Quincy FL	32357 BH = T	
City, State, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Mana The name and address of each Manager		
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGRM	Jose Martinez	
	Quincy, FL 32351	
- ·		
· .		
(Use attachment if necessary)		
NOTE: An additional article must be	e added if an effective date is requested.	
REQUIRED SIGNATURE:		
/	r or an authorized representative of a member.	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
dose II)	ARTINEZ ed or printed name of signee	