

L04000013234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

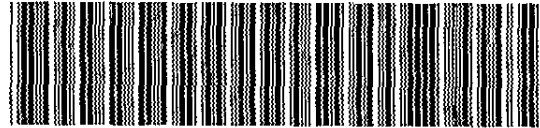
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

L04-13234  
je

EFFECTIVE DATE

2-18-04

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: **JEFF WORLEY DRYWALL L L C**

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JEFF WORLEY \_\_\_\_\_  
Name of Person

JEFF WORLEY DRYWALL L L C \_\_\_\_\_  
Firm/Company

767 Pinecrest Lane \_\_\_\_\_  
Address

Ft Walton Beach, Florida 32548 \_\_\_\_\_  
City, State, and Zip Code

For further information concerning this matter, please call:

Jeff Worley \_\_\_\_\_ at (850) 862-3081 \_\_\_\_\_  
Name of Person Area Code and Daytime Telephone Number

SECRET  
TALAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 23, 2004

JEFF WORLEY  
767 PINECREST LANE  
FT. WALTON BEACH, FL 32548

SUBJECT: JEFF WORLEY DRYWALL LLC  
Ref. Number: W04000002954

We have received your document for JEFF WORLEY DRYWALL LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 804A00004200

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

ARTICLE I Name:  
The name of the Limited Liability Company is:

**JEFF WORLEY DRYWALL L L C**

ARTICLE II Address:  
The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

Mailing Address:

767 Pinecrest Lane  
Ft Walton Beach, Florida 32548

SAME

ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name  
Jeff Worley

Florida street address ( P O Box NOT acceptable)

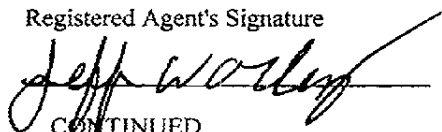
767 Pinecrest Lane

City, State, and Zip

Ft. Walton Beach, Florida 32548

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

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
2-18-04

Article IV Manager(s) or Managing Member(s):

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

TITLE:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JEFF WORLEY  
767 Pinecrest Lane  
Ft Walton Beach, Florida 32548

Note: An additional article must be added if an effective date is requested.

Article V The effective date shall be upon filing with the Secretary of State.

REQUIRED SIGNATURE;

  
Signature of a member 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.)

JEFF WORLEY

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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