404000A35716

(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:

Office Use Only

2001 MAY 11 P 4: 11



500027400615

01/26/04--01007--011 **160.00

ML'



FILED

FLORIDA DEPARTMENT OF STATE 2004 MAY 11 P 4: 11

Glenda E. Hood Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 30, 2004

OLGA OLMOS 4316 SCOTT DR. BARTOW, FL 33830

SUBJECT: OLGA OLMOS DRY WALL L.L.C.

Ref. Number: W04000004188

We have received your document for OLGA OLMOS DRY WALL L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 304A00006568

DO DOY COR MILL TO SEE THE SEE

TRANSMITTAL LETTER

TO:	Registration Division of C		·	. •	FILED)
SUBJI	CI: <u>基</u>	019a	Olmos Name of Limited Liabil	Dry ity Company)	SECRETARY OF STALLAHASSEE, FL	
The en	closed Articles	_	and fee(s) are submitted	-		
		Olga	Olinos (Name of	Person)		
			·		1-L-C	
-			SCOTT L	,		
or furt	her information		(City/State and	Zip Code)		
	- Ølad		05 al 8	63 <u>79</u> 3 Traa Code & Daytime	7191 Telephone Number)	

STREET ADDRESS:
Régistration 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

TRANSMITTAL LETTER

TO;	Registration Section Division of Corporations	FIL	EU
SUBJI	(Name of Limited Liability Company)	2000 AY 11 SECRETARY ALLAHASSE	P L: OF STATE
The en	closed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	O16A O1005 (Name of Person)		5
	OLGA OLMOS DRYWALL LL	<u>_</u>	<u>.</u> .
	4316 Scott Drive	<u> </u>	
	BAYETOGS FURIDA 33830 (City/State and Zip Code)		
For fur	ther information concerning this matter, please call:		
	(Name of Person) at (\$103) 293-919 (Name of Person) (Area Code & Daytime Telephone Number	<u></u>	·

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

FILED

ARTICLE I - Name: The name of the Limited Liability Company is:	2000 MAY 11 P 4:] I
016A 01mos Deywau	LC SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4316 SCOH DRIVE	4316 Scott Drive
BARROW FIDEIDA	BARTOW, FLA
33830	338 <i>3</i> O
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered Name	d agent are:
Florida street address (P.O. Box NO	Nacceptable)
PACTOW FLO City, State, and Zip	ORIDA 33830

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, Florida Statutes..

× 6 gd 0/nos Registered Agent's Signature

> Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager		FILED
Title: "MGR" = Manager "MGRM" = Managing Member	4316 SCOTI D	SECRETARY OF STATE FALLAHASSEE, FLORIDA RIVC DA 33830
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requ	ested.
REQUIRED SIGNATURE:		-
· Olga Olma	25 thorized representative of a member.	e se se
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	108(3), Florida Statutes, the execution Tirmation under the penalties of perjury e.)	• • • • • <u>•</u> • • • • • • • • • • • • •
	ited 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)