

L04 0000 43290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

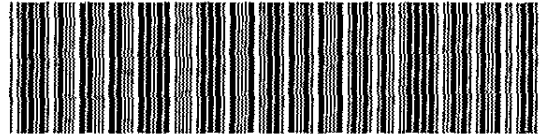
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800037525598

06/07/04--01035--001 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -7 AM 11:28

FILED

June 3, 2004


State of Florida  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed please find the Articles of Organization for LONGORIA DRYWALL, L.L.C. and a check in the amount of \$125.00 payable to the Florida Department of State.

The following contact information is submitted in addition to the items mentioned above:

Jose Longoria  
3604 9<sup>th</sup> Street East  
Bradenton, FL 34208  
(941) 746-9407

Thank you for your assistance in this matter.

  
Jose Longoria

**FILED**  
04 JUN -7 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
LONGORIA DRYWALL, LLC  
A FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I – Name:**

The name of the Limited Liability Company is **LONGORIA DRYWALL, LLC.**

**ARTICLE II – Address:**

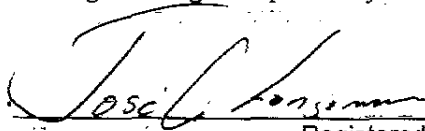
The mailing address and street address of the principal office of the Limited Liability Company is: **3604 9<sup>TH</sup> STREET EAST, BRADENTON, FLORIDA 34208**

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

The name and the Florida street address of the registered agent

**JOSE LONGORIA  
3604 9<sup>TH</sup> STREET EAST  
BRADENTON, FLORIDA 34208**

*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



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.)

**Jose Longoria**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -7 AM 11:30

FILED