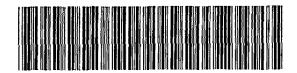
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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
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TRANSMITTAL LETTER

SUBJECT	Tim's Drywall AND Repair "	L. L. C."
	(Name of Limited Liability Company)	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following	5 .
	Timothy B. Holbert	
	, , , , , , , , , , , , , , , , , , ,	, .
	Tim's DrywALL AND REPAIR	L.L.C.
	41 Rollins DeivE	
	(Address)	
	PALM COAST 7L. 32137 (City/State and Zip Code)	
For further	information concerning this matter, please call:	
Tim	Holhest 386 575-90	~4

STREET ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

11

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:	·
Tim's DryWALL AND REPAIR	, HL.L.C"
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
41 Rollins DRIVE	41 Rollins DRIVE
PALM COAST FLORIDA	Asim CORT, FLOCIDA
32137	32131
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist Timothy R. Name 41 Rolling Deive Florida street address (P.O. Box Aum Coast 74. City, State, and Z	tered agent are: Holbert NOT acceptable)

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	ger or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Timothy R. Holbert 41 ROllins Drive Parm Coast, H 3213
	TALM COUST, PC 3213
	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	R Holler
Signature of a member of	an authorized representative of a member.
of this document constitutes	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
-tomatlan	r printed 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)