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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

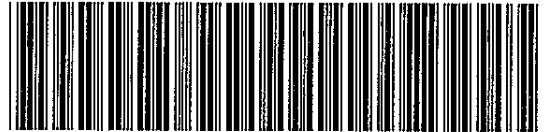
(Business Entity Name)

(Document Number)

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04 JUN 14 PM 3:38  
DIVISION OF REGISTRATION

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TALLAHASSEE, FLORIDA  
04 JUN 14 PM 3:43

J. BRYAN JUN 14 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scott Robinson Drywall L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Robinson  
(Name of Person)

Scott Robinson Drywall LLC  
(Firm/Company)

515-A Omega Ave.  
(Address)

Tallahassee, FL 32305  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Robinson at (850) 544-7297  
(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

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SECRETARY OF  
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:

SCOTT Robinson Drywall LLC

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ARTICLE II - Address:

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

Principal Office Address:

515-A Omega Ave,  
Tallahassee FL 32305

Mailing Address:

Same

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

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

SCOTT Robinson

Name

515-A Omega Ave

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32305

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..*

Jeffrey S. Robinson

Registered Agent's Signature

(CONTINUED)

**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

MGRM

**Name and Address:**

Scott Robinson  
515-A Omega Ave.  
Tallahassee, FL 32305

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Jeffrey S Robinson  
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.)  
Jeffrey S Robinson  
Typed or 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)