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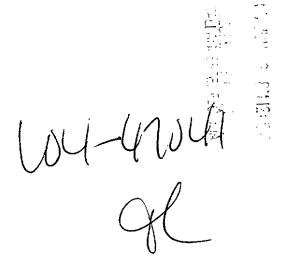
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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618-04

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Patricia Cooper Drywall, LLC

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

Please return all correspondence concerning this matter to the following:

Patricia Cooper Patricia Cooper Drywall, LLC 911 A Al Hammett Rd. Mary Esther, FL 32569

For further information concerning this matter, please call:

Patricia Cooper at (850)855-7981

Enclosed fees include: \$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 5.00 Certificate of Status

\$130.00 Total Enclosed

# मिट्ट होता

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Patricia Cooper Drywall, LLC

#### **ARTICLE II - Address:**

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

Principal Office Address: 911 A Al Hammett Rd.

Mary Esther, FL 32569

Mailing Address:

911 A Al Hammett Rd. Mary Esther, FL 32569

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

Susan Copeland 2427 Frontera St. Navarre, FL 32566

Having been name 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 or 2 (CONTINUED)

6-1804

## ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name and Address:

Patricia Cooper, MGR

911 A Al Hammett Rd. Mary Esther, FL 32569

Yolanda Cooper, MGRM

911 A Al Hammett Rd. Mary Esther, FL 32569

Michael Ross, MGRM

911 A Al Hammett Rd. Mary Esther, FL 32569

ARTICLE V:

The effective date requested is June 18, 2004 atricia Cooper

REQUIRED SIGNATURE:

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Cooper