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



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TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO:

Registration Section Division of Corporations 04 JUL 27 PM 1: 37

SUBJECT: _	ProCare Drywall, LLC.		
(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:

Shane Ward
(Name of Person)

ProCare Drywall, LLC,
(Firm/Company)

2723 Muir Lane
(Address)

Bonifay F/ 32425
(City/State and Zip Code)

For further information concerning this matter, please call:

Shane or Linda Ward at 850, 547-3595
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee 1

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

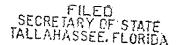
S160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

introduction of the state of th
ARTICLE I - Name: The name of the Limited Liability Company is:
ProCare Drywall, LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Share A. Ward 2723 Muir Lang Bonitay F1 32425
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Shane Wand

Name

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

Bonitay F1 FL 32425

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

(CONTINUED)

ARTICLE IV- Manager(s) or Manage. The name and address of each Manage.	ging Member(s): er or Managing Member is as foll	OWECRETARY OF STATE
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	04 JUL 27 PH 1: 37
MGRM	Shane War 2723 Muir Boniday FL	d 12925
		## A P P P P P P P P P P P P P P P P P P
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(Use attachment if necessary)		
NOTE: An additional article must b	oe added if an effective date is r	equested.
REQUIRED SIGNATURE:		
Signature of a membe	ne Ward er or an authorized representative of	a member.
(In accordance with sec of this document const that the facts stated her		execution s of perjury
Ty	ped or printed name of signee	

Filing Fees: \$189.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)