

W4000056349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

1

Certificates of Status

1

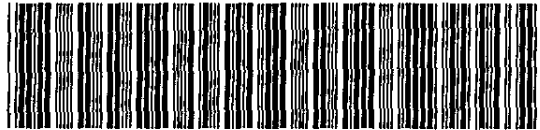
Special Instructions to Filing Officer:

7/27

FL LC

CL & WS

Office Use Only



300039423043

07/27/04--01011--004 **160.00

FILED
JUL 27 2004
TALLAHASSEE, FL 32309A

04 JUL 27 PM 4:11

FILED

TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: SOUTHERN CROSS DRYWALL, LLC

The enclosed Articles of Organization and filing fees are submitted for filling:

*(\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status)*

Please return all correspondence concerning this matter to the following:

CONNIE R. HENLEY
13149 COLE COURT
JACKSONVILLE, FLORIDA 32218

For further information concerning this matter, please call:

CONNIE R. HENLEY
(904) 588-6129

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

MAILING ADDRESS
Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

SOUTHERN CROSS DRYWALL, LLC

ARTICLE II

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

**13149 COLE COURT
JACKSONVILLE, FLORIDA 32218**

The mailing address of the Limited Liability Company is:

**13149 COLE COURT
JACKSONVILLE, FLORIDA 32218**

ARTICLE III

The purpose for which this Limited Liability Company is organized

ANY AND ALL LAWFUL BUSINESS

STATE OF FLORIDA
TALLAHASSEE

04 JUL 27 PM 4:11

FILED

ARTICLE IV

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

CONNIE R. HENLEY
13149 COLE COURT
JACKSONVILLE, FLORIDA 32218

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 positions as registered agent.


Registered Agent's Signature

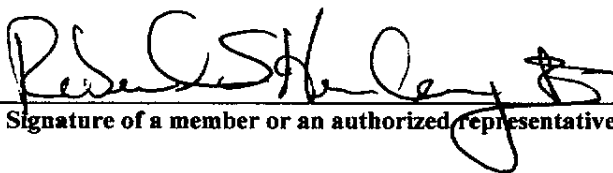
ARTICLE V

The name and addresses of each Manager or Managing Member is as follows:

TITLE: MGRM
ROBERT S. HENLEY, JR.
13149 COLE COURT
JACKSONVILLE, FLORIDA 32218

TITLE: MGRM
CONNIE R. HENLEY
13149 COLE COURT
JACKSONVILLE, FLORIDA 32218

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Robert S. Henley Sr.", written over a horizontal line.

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.)

Robert S Henley Sr.
Typed or printed name of signee