L04000069760

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	,
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200041165372

09/21/04--01020--004 **125.09

INISION OF CORPORATIONS 99 ASEP 21 PH 12: 22

EFFECTIVE 1

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT:	H H H DRYWALL, LLC	
		e of Limited Liability Company)	
The enc	losed Articles of Organization and	fee(s) are submitted for filing.	
	Please return all co	orrespondence concerning this matter to the following:	
		HIEN DUC CAO	
	(Name of Person)		
	H H H DRYWALL, LLC		
		(Firm/Company)	
_	1701 ST. ANDREW BLVD.		
		(Address)	
		PANAMA CITY, FL 32405	
		(City/State and Zip Code)	
For furt	her information concerning this ma	tter, please call:	o -:
CONN	IE THARPE	at (850) 785-4412	A ST
	(Name of Person)	(Area Code & Daytime Telephone Number)	O4 SEP 21 PH 12: 22

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

City, State, and Zip o accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ag o comply with the provisions of all statutes relating to th I am familiar with and accept the obligations of my pos		L, LLC	H H H DRYWA	
PANAMA CITY, FL 32405 Registered Office, & Registered Agent's Signature less of the registered agent are: HIEN DUC CAO Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) EITY, FLORIDA 32405 City, State, and Zip To accept service of process for the above stated limited ficate, I hereby accept the appointment as registered agent agent agent accept the obligations of my possible and familiar with and accept the obligations of my possible accept the accept the obligations of my possible accept the accept the obligations of my possible accept the accept the accept the obligations of my possible accept the obligations of my possible accept the	Compai	ncipal office of the Limited Liability C		ARTICLE II - Ac The mailing addre
PANAMA CITY, FL 32405 Registered Office, & Registered Agent's Signature less of the registered agent are: HIEN DUC CAO Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) EITY, FLORIDA 32405 City, State, and Zip To accept service of process for the above stated limited ficate, I hereby accept the appointment as registered age to comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos		Mailing Address:	Address:	Principal Office
Registered Office, & Registered Agent's Signature less of the registered agent are: HIEN DUC CAO Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) ETY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered agent to comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos		1701 ST. ANDREW BLVD.	W BLVD.	1701 ST. ANDREW
HIEN DUC CAO Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) EITY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos		PANAMA CITY, FL 32405	L 32405	PANAMA CITY, FL
HIEN DUC CAO Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) EITY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos				
HIEN DUC CAO Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) EITY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos		OM 0 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.	ADDICE ELECT
Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) SITY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos	ture:			
Name ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) SITY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos	3 70			
ST. ANDREW BLVD. et address (P.O. Box NOT acceptable) ETY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos	ří	<u> </u>		
et address (P.O. Box NOT acceptable) EITY, FLORIDA 32405 City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos	70		1 101110	
City, State, and Zip To accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ago comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos	P 21			
City, State, and Zip o accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ag o comply with the provisions of all statutes relating to th I am familiar with and accept the obligations of my pos	P 21 P		7***** * * * * * * * * * * * * * * * *	
City, State, and Zip to accept service of process for the above stated limited ficate, I hereby accept the appointment as registered ag to comply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my pos	P 21 PM 12:		7***** * * * * * * * * * * * * * * * *	
ficate, I hereby accept the appointment as registered ag a comply with the provisions of all statutes relating to th I am familiar with and accept the obligations of my pos	04 SEP 21 PH12: 22	Box NOT acceptable)	7***** * * * * * * * * * * * * * * * *	
ided for in Chapter 608, Florida Statutes		Box NOT acceptable) FLORIDA 32405	Florida street address (P.	
ao	nt as registered tutes relating to igations of my	Box NOT acceptable) FLORIDA 32405 and Zip ice of process for the abity accept the appointment the provisions of all states with and accept the obli	Florida street address (P.s. PANAMA CITY, City, State, gistered agent and to accept ser ignated in this certificate, I here y. I further agree to comply with	ty at the place desig act in this capacity. nplete performance

Page 1 of 2 (CONTINUED)

EFFECTIVE DATE

10/01/04

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	HIEN DUC CAO	
	1701 ST. ANDREW BLVD.	
	PANAMA CITY, FL 32405	
MGRM	JERMAINE R. DAVENPORT	
	107 INDIAN SUMMER AVE.	
	PANAMA CITY, FL 32404	
-		
(Use attachment if necessary)	-	
ARTICLE V - EFFECTIVE I	DATE	
The effective date of t	this Company shall be October 1,	2004.
NOTE: An additional article must l	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.		
+ (co-	09-20-04	
Signature of a member or an	authorized representative of a member.	
(In accordance with section 6)	08.408(3), Florida Statutes, the execution	
	n affirmation under the penalties of perjury	
нін	EN DUC CAO	1:2

Filing Fees:

ADD ARTICLE

\$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)

04 SEP 21 PH 12: 22

Typed or printed name of signee