

W4000072473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04 OCT -5 AM 10:44

STATE OF FLORIDA  
TALLAHASSEE

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grafts 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:

Jonathan Graft

(Name of Person)

Grafts Drywall

(Firm/Company)

1125 19th Street

(Address)

Orange City Florida

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Graft

(Name of Person)

at ( 386 ) 804-8331

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ~~no~~ <sup>yes</sup> \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☒ <sup>no</sup> \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ <sup>no</sup> \$160.00 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

*Department of State*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Graf's drywall LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1125 19th Street  
Orange City FL 32763

**Mailing Address:**

1125 19th Street  
Orange City FL 32763

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

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

Jonathan Graf

Name

1125 19th Street

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

Orange City FL 32763

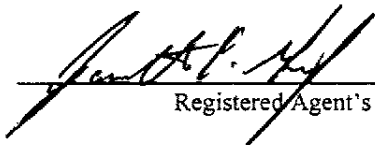
City, State, and Zip

STATE OF FLORIDA  
TALLAHASSEE

04 OCT -5 AM 10:45

FILED

*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 Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

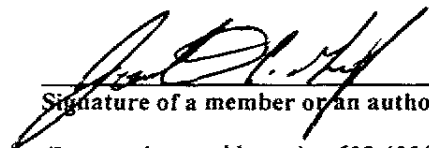
MGR

Jonathan Graf  
1125 19th Street  
Orange City FL 32763


(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Jonathan C. Graf  
\_\_\_\_\_  
Typed or printed name of signer

**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)