

L04000078613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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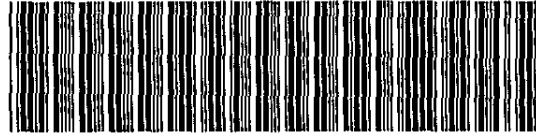
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

52

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporation

SUBJECT: Austin White 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:

Austin White
(Name of Person)

Austin White Drywall LLC
(Firm/Company)

808 Sparkberry Lane
(Address)

Niceville, FL 32578
(City/State and Zip Code)

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04 OCT 27 PM 11:18
STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Austin White at 850-259-7605
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration section
Division of Corporation
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLE I- Name:

The name of the Limited Liability Company is:

Austin White Drywall LLC

ARTICLE II- Address:

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

Principal Office Address:

808 Sparkleberry Cove
Niceville, FL 32578

Mailing Address:

808 Sparkleberry Cove
Niceville, FL 32578

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

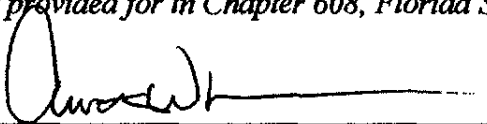
The name and the Florida street address of the registered agent are:

Austin White
Name

808 Sparkleberry Cove
Florida street address (P.O. Box ~~NOT~~ acceptable)

Niceville, FL 32578
City, State, and Zip

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 as provided for in Chapter 608, Florida Statutes...


Registered Agent's Signature

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04 OCT 27 AM 11:19
TALLAHASSEE, FLORIDA

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

Austin P. White

808 Sparkleberry Cove

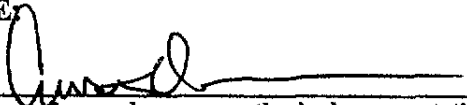
Niaville, FL 32878

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(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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Austin P. White

Typed or printed name of signee

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)