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J. BRYAN DEC 1 6 2004

## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJ		qin Drymal I ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	LLC
	nclosed Articles of Organization and fee(s) are sereturn all correspondence concerning this matt		
	Patrick Elgin (Name of Person)		7 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
<u></u> -	Patrick Flain Drya (Firm/Company)	11 LLC	MILAHASSEE,
<u>_5</u> ı	4118 MARIA AVE. (Address)		FLORIDA
<u> </u>	allahav 71. 32 (City/State and Zip Code)	011	
For fu	urther information concerning this matter, please	call:	
	(Name of Person)	at (904) 879 (Area Code & Daytime Tele	- 6060 ephone Number)
Enclosed is a	check for the following amount:		
\$125.00 Fi	iling Fee  \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Coertified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	Registration	Corporations

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:				
Patrick Elgin 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:				
54118 MARIA AVE 54118 MARIA AVE. Callabar, 71 32011 Callabar, 71 32011				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
ORENGER'S TUROME TOX SERVICE				
Florida street address (P.O. Box NOT acceptable)				
Callahau FL 32011 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 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mer	Patrick Elgin 54118 Maria Ave Callabau, 71. 32011
	288
	2004 DEC 13 AM
(Use attachment if necessary)	WATIONS LORIDA

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.)

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)