05000000383

	<u> </u>	
(Requestor's Name)	
(Address)	
	Address)	
``	, 100, 100, 100, 100, 100, 100, 100, 10	
(City/State/Zip/Phone #)	•
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(Business Enuty Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



500043603715

12/27/04--01061--012 **130.00

FILE D 2004 DEC 27 PM 2: 07 TO: Registration Section

Name: William C. Edy Jr. Drywall LLC.

Address: 39313 Kolors Ferry Rd Hilliard FL. 32046

Phone: 904-845-4109

Date to be effective: January 1st 2005



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
2022011	dy Jr. Mass d Liability Company)	Drywall LLC,
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
William (Name of Person)	
William C. Eq	dy 1 r Drywa	II LLC
39313 Kolo	urs Ferry R	
Hilliard Fl	32046 (State and Zip Code)	PH 2: 07 PH 2: 07 SEE, FLORIDA SEE, FLORIDA
For further information concerning this matter, please call:		
William C. Eady Ir	at (104) 845- (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING AI	DDRESS:

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
William C. Eady J	c. 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:			
39313 Kolors Ferry Rd 14/11/10rd FL. 32046	39313 Kolars Ferry Rd Hilliard FL. 32046			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: William C. Fody Jr. Name 39313 Kolas Ferry Rd Florida street address (P.O. Box NOT acceptable) 1+111ard 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..

William C. Fady D.

Registered Agent's Signature

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
manager	William C. Endy Jr. 39313 Valors Ferral Rd Hilliard FL 32046	
· · · · · · · · · · · · · · · · · · ·		
		
- · · · · ·	DINJULIE T	
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested. The Part of P	
REQUIRED SIGNATURE:	ORIDAS	
Signature of a member or	an authorized representative of a member.	
of this document constitute that the facts stated herei	a 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.) Or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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