W500004458

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certificates of Status	
Special Instructions to Filing Officer:	

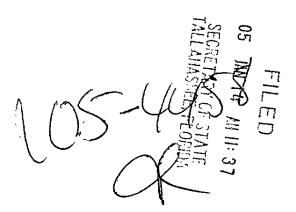
Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DORSEUS DO (Name of Limited Lie	ASTERING & DRYWALL LLI ability Company)
The enclosed Articles of Organization and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	
CORNELL DO	PSEY e of Person)
DORSEY'S PLASTERIA	UG & DRYWALL (Company)
1908 WELCH ST	address)
TALLAHASSE (City/State	E, 744.32310 e and Zip Code)
For further information concerning this matter, please call:	
CORNELL DORSEY at (Name of Person)	850, 580-9839 (850) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	7
Certificate of Status C	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: SS Registration Section Division of Corporations P.O. Box 6327
Tallahassaa Elarida 22200	Tallahassee Florida 37314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LL

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CORNELL DORSEY'S ARTICLE II - Address:	PLASTERING: DRYWALL
The mailing address and street address of the pri-	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1908 Welch ot. Tallahassee, Fla	<u>Game</u>
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	gistered agent are: CRETARY O
	ess (P.O. Box NOT acceptable)
Tattate as See J/A City, State, an	FL 32 3 03 d Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member	Coull Downs 1908 Welch 5+ TAHAHASS SE, 7/M			
				
(Use attachment if necessary)	added if an effective date is requested.			
REQUIRED SIGNATURE:	SECRE			
Signature of a member or	an authorized representative of a member.			
(In accordance with section	n 608.408(3), Florida Statutes, the execution			
Cornell Dorsey Typed 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)