

W5000013928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/7

FLC

Office Use Only



000045753120

02/07/05--01025--025 **125.00

05 FEB -7 PM 12:48

FEB 07

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporation

SUBJECT: Doug Rogers DryWall L.L.C.
(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:

Doug C. Rogers
(Name of Person)

Doug Rogers DryWall L.L.C.
(Firm/Company)

155 Bay Wind Dr.
(Address)

Niceville Fl. 32578
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Rogers at 852-376-7692
(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:

Doug Rogers Dry Wall L.L.C.

ARTICLE II- Address:

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

Principal Office Address:

135 Baywind Dr
Niceville, FL 32578

Mailing Address:

P.O. Box 6466
Niramar Beach,
FL 32550

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

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

DOUG ROGERS
Name
155 Baywind Dr.
Florida street address (R.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...

Doug Rogers
Registered Agent's Signature

FILED
05 FEB -7 PM 12:48
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

Doug Rogers
155 Baywind Dr.
Niceville, FL 32578

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Doug Rogers Doug Rogers
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.)

Doug Rogers
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)