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

	tration Se	ction porations			
SUBJECT: _	BOUTIN'	S CONSTRUCTION & DRY (Name of Limited	WALL LLC I Liability Compa	ny)	
The enclosed A	Articles of	Organization and fee(s) are st	ubmitted for filing	!-	
Please return a	lli co rre sp	ondence concerning this matte	r to the following:	:	
	<u> </u>	Anthony J. Boutin	Name of Person)		
		·	,		
		Boutin's Construction & Dr	ywall <u>LLC</u> Firm/Company)		
		145 Bob Miller Road	(Address)		
		Crawfordville Florida 323 (City/	327 State and Zip Code)		<u>.</u>
For further info	ormation o	concerning this matter, please	call:		
Antho	ny J. Bo (Name	utin of Person)	at (850) (Area Code	421-8845 & Daytime Te	lephone Number)
Enclosed is a	check fo	r the following amount:			
□ \$125.00 Fil	ing Fee		☐ \$155.00 Fill Certified Copy (additional copy i	,	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	F I F	MAILING AI Registration So Division of Co P.O. Box 6327 Fallahassee, Fl	ection rporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
BOUTIN'S CONSTRUCTION & DRYWALL L	LC
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
145 Bob Miller Road	145 Bob Miller Road
Crawfordville Florida 32327	Crawfordville Florida 32327
145 Bob Miller	ime CC SE TE
Crawfordville	20227
_ 	fL 32321 file, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all experformance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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 M	Name and Address: Member				
MGRM	Anthony J. Boutin				
	145 Bob Miller Road				
	Crawfordville, FL 32327				
(Use attachment if neces NOTE: An additional	ssary) article must be added if an effective date is requested.				
REQUIRED SIGNATI	-				
Signate	Signature of a member or an authorized representative of a member.				
of this	(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.)				
	Anthony J. Boutin				
	Typed or printed name of signee				
Filing Fees:					
\$125.00 Filing Fee for A of Registered A \$ 30.00 Certified Copy \$ 5.00 Certificate of Si	(Optional)				

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