

# L05000025798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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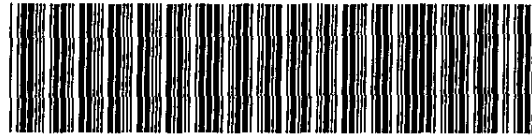
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Acknowledgment

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W. P. Verifier

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RECEIVED  
INFORMATION

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*Butler*

205-10916

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIVERSAL DRYWALL CO.  
(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:

ALEXIS PETERS

(Name of Person)

UNIVERSAL DRYWALL CO.

(Firm/Company)

648 KENWICK CIR #104

(Address)

CASSELBERRY FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXIS PETERS

(Name of Person)

at ( 407 ) 834-4274

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified 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  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRET  
ALABAMA  
JAN 18 1990  
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111 770



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 2, 2005

ALEXIS PETERS  
UNIVERSAL DRYWALL CO  
648 KENWICK CIR #104  
CASSELBERRY, FL 32707

SUBJECT: UNIVERSAL DRYWALL CO  
Ref. Number: W05000010916

We have received your document for UNIVERSAL DRYWALL CO and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 805A00014605

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UNIVERSAL DRYWALL CO. LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

648 KENWICK CIR. #104  
CASSEIDERRY FL.  
32707

**Mailing Address:**

SAME

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

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

ALEXIS PETERS  
Name

648 KENWICK CIR. #104  
Florida street address (P.O. Box **NOT** acceptable)

CASSEIDERRY FL 32707  
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.

Alexis Peters

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ALEXIS PETERS  
648 KENWICK CIR #104  
CASSELBERRY FL 32707

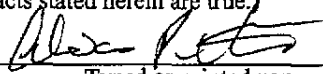
(Use attachment if necessary)

**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

FILED  
2005 MAR 15 P 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)