

L050000 26860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

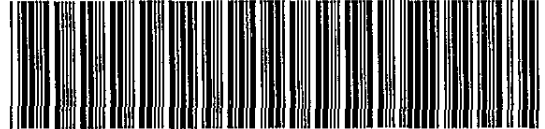
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**EFFECTIVE DATE**

3-17-05

FILED  
05 MAR 16 PM 12:52  
TALLAHASSEE, FLORIDA

3-17-05

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILLIAM DILLARD DRYWALL LLC  
(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:

WILLIAM ROBERT DILLARD

(Name of Person)

WILLIAM DILLARD DRYWALL LLC

(Firm/Company)

P.O. BOX 534

(Address)

GREENWOOD, FL 32443

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM ROBERT DILLARD

(Name of Person)

at

850

(Area Code & Daytime Telephone Number)

594-7544

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WILLIAM DILLARD DRYWALL LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

P.O. BOX 534

GREENWOOD, FL 32443

**Mailing Address:**

P.O. BOX 534

GREENWOOD, FL 32443

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

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

WILLIAM ROBERT DILLARD

Name

3766 WHISPERING PINE CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

GREENWOOD FL 32443

City, State, and Zip

**EFFECTIVE DATE**  
3/1/05

*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 R Dillard

Registered Agent's Signature

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(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:**

MGRM	WILLIAM ROBERT DILLARD
	P.O. BOX 534
	GREENWOOD, FL 32443

(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.)

WILLIAM ROBERT DILLARD  
\_\_\_\_\_  
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)

(CONTINUED)

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STATE OF FLORIDA

**ARTICLE V – Effective Date:**

The effective beginning date of the Limited Liability Company shall be:

MARCH 12, 2005

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