

LOS 000028919

2005 MAR 22 P 3:54

SECRETARY OF STATE  
TAMPA, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** JOHNNY DRYMON GENERAL REPAIRS LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNNY M DRYMON  
(Name of Person)

JOHNNY DRYMON GENERAL REPAIRS LLC  
(Firm/Company)

3725 NOGALES DRIVE  
(Address)

SARASOTA FL 34235  
(City/State and Zip Code)

For further information concerning this matter, please call:

R. SUE GILLESPIE at ( 941 ) 924-8931  
(Name of Person) (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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JOHNNY DRYMON GENERAL REPAIRS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3725 NOGALES DRIVE  
SARASOTA FL 34235

3725 NOGALES DRIVE  
SARASOTA FL 34235

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

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

JOHNNY M DRYMON

Name

3725 NOGALES DRIVE

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

SARASOTA FL 34235

FL

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..*



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:**

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MGR \_\_\_\_\_

JOHNNY M DRYMON  
3725 NOGALES DRIVE  
SARASOTA FL 34235

FILED IN THE OFFICE OF THE  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

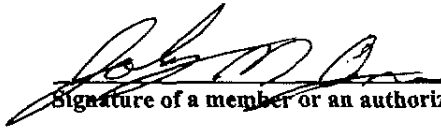
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(Use attachment if necessary)

**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.)

JOHNNY M DRYMON

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)**