LOS000037980

(Requestor's Name)	
(Address)	600050521336
(Address) (City/State/Zip/Phone #)	
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(Business Entity Name)	04/19/0501075012 **250.00
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(DS-379D)

TRANSMITTAL LETTER

	ation Section n of Corporations				
SUBJECT:	Outlan (Name of L	Dryhall,	4C.		
The enclosed Art	icles of Organization and fee(s) a	re submitted for filing.			
Please return all	correspondence concerning this m	atter to the following:			
5	Fore Ward (Name of Person)	<i></i>			
_Out	Law Drynall (Firm/Company)	1110			
2558	Uram Lai	ne	IALLAHA	05 APR	CELS 1
Bo.	Off of F1 324 (City/State and Zip Code)	25	SSEE, I LORI	19 PHI2: 14	7278
For further inform	nation concerning this matter, plea	se call:	-	- P	
_,570	ve Ward (Name of Person)	at (<u>\$50</u>) <u>547</u> (Area Code & Daytime Te	lephone Number)		
closed 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 enclose		
STREE	T ADDRESS:	MAILING	ADDRESS:		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name: The name of the Limited Liability Company is: Outland Drykall, 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: 2558 Uram Lane Bon Fay F1 32425 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Steve Ward Name 2558 Uram Lane Florida street address (P.O. Box NOT acceptable)

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.

9 Leve Ward

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):						
The name and a	ddress of each	Manager or	Managing .	Member i:	s as follows:	

Title:

"MGR" = Manager

"MGRM" = Managing Member

The reference of the results o

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

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)