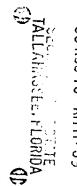


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(= 10.11.05)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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08/15/05--01070--n20 **125.00



TRANSMITTAL LETTER

TO:		istration Se ision of Co								
SHRJEA	CT:	Derak Le	wis Drywall Contr	actor LLO	C					
		·······			ted Liability C	ompany)				
			f Organization and i							
Picase re	eturn	all corresp	condence concerning	g this mat	ter to the follo	wing:				
		Derak Lo	ewis							
					(Name of Perso	n)				
Derak	Lev	vis Drywa	Contractor LLC	···	(Firm/Compan	ν λ			-	
					(ram compan	,,				
	3:	36 South :	23rd Street							
					(Address)					
							;	S¤	_	
Defuniak Springs Florida 32433)5 ≥	e:		
				(Cit	y/State and Zip	Code)			<u> </u>	. •
For furth	her in	nformation	concerning this mat	ter, pleas	e call:			Alimssez flor	05 AUG 15 AH11: 39	
Derak I	_ewi	8			et (_850	699-9471		108 108	••	
	*********	(Name	of Person)			Code & Daytime I	elephone Number	S D m	39	
Enclose	d is	a check fo	or the following an	nount:				9		
3 \$125.	00 F	iling Fee	S130.00 Filin Certificate of St		Certified	00 Filing Fee & Copy copy is enclosed)	S160.00 Certificate of Certified Contact Conta	f Status &	&	
STREET ADDRESS: Registration Section				MAILING A Registration	Section					
Division of Corporations 409 E. Gaines Street					Division of C P.O. Box 632					

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
Derak Lewis Drywall Contractor LLC								
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:							
336 South 23rd Street	336 South 23rd Street							
Defuniak Springs Fl. 32433	Defuniak Springs Fl. 32433							
The name and the Florida street address of Derak Lewis 336 South 23rd Street	Name Name							
Florida stre	eet address (P.O. Box NOT acceptable)							
Defuniak Springs Fl. 324								
Having been named as registered agent and liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the abligations of my position as	State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all are performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Derak Lewis
	336 South 23rd Street
	Defuniak Springs Fl. 32433
and the second s	
(Use attachment if necessary)	
NOTE: An additional article must be a	udded if an effective date is requested.
REQUIRED SIGNATURE:	
	,
Men	round
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury a are true.)
Derak Lewis	
Typed o	or printed name of signee
Filing Pees:	
\$125.00 Filing Fee for Articles of Organization	tion and Designation
of Registered Agent	85 5
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
2 2.00 Cer micere of Status (Obtount)	
	ORII