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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | (dress) | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Greated Liability Company) Subject: Greated Liability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Grea Steple (Name of Person) |
| Grey Steele Drywy UC |
| 2371 Frazier St. Voit-A |
| Pensauda FL 32514 25 5 |
| For further information concerning this matter, please call: |
| Grea Steele st (850) 292-8832 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bisson Filing Fee & Certificate of Status 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | |
|---|----------------|--|--|
| Grea | Stoole Drywall | | |

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| 2371 Frazier St. Wit-H. Jame | |
|--|-----------|
| Pensacola FL 32514 | 9 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | AUG I |
| The name and the Florida street address of the registered agent are: | 5 |
| Name SET | AH 10: 22 |
| 2371 France St. On it-H Florida street address (P.O. Box NOT acceptable) | |
| Ponsacka FL 32514 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)

| 1 | Ţ). |
|---|----------|
| | <u> </u> |

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM | Drop Stelle 2371 Francis Viller Pensison FL 32514 |
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| THE CONTROL OF THE CO | Windowski and Company of the Company |
| | THE RESERVE TO SEC. OF THE PARTY OF THE PART |
| | |
| (Use attachment if necessary) | AHAS |
| NOTE: An additional article must be | added if an effective date is requested. |
| REQUIRED SIGNATURE: | Sign 22 |
| Signature of a member o | ran authorized representative of a member. |
| (In accordance with section of this document constitute that the facts stated here | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) |
| Great Types | or printed name of signee |
| Filing Fees: | e game processor and the second of |
| \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | ation and Designation |

ARTICLE IV- Manager(s) or Managing Member(s):
The hame and address of each Manager or Managing Member is as follows: