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	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone	e #)	
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(Business Entity Name)			
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Special Instruction	s to Filing Officer:		
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TRANSMITTAL LETTER

STREET ADDRESS: MAILING ADDRESS:				
□ \$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Enclosed is a check for the following amount:				
(Name of Person) at (850) 526-3469 (Area Code & Daytime Telephone Number)				
Rodon Wright = 1850 , 524-3469 5				
For further information concerning this matter, please call:				
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Green Wood FL. 32445 C. 1	Pa-			
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1/139 B B, G Oak Dr.				
, (A unis company)				
H+B Dry Woll L.L.C. (Firm/Company)				
(11830 0. 1 0.001)				
Michael Heifner (Name of Person)				
Please return all correspondence concerning this matter to the following:				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
(Table of Edition English Company)				
SUBJECT: HAB DIY WOIL L.L.C. (Name of Limited Liability Company)				
Division of Corporations				
TO: Registration Section				

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 28, 2005

MICHAEL HEIFNER H & B DRYWALL L.L.C. 4139 B BIG OAK DR GREENWOOD, FL 32445

SUBJECT: H & B DRYWALL L.L.C. Ref. Number: W05000035813

We have received your document for H & B DRYWALL L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 005A00049113



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2005

MICHAEL HEIFNER H & B DRYWALL L.L.C. P.O. BOX 635 MARIANNA, FL 32447

SUBJECT: H & B DRYWALL L.L.C. Ref. Number: W05000035813

We have received your document for H & B DRYWALL L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 005A00049113

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
· /	011 L. L. C.		
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
H+B Drywoll L. L. C. 4139 B Big Ook Or. Green Wood FL 32445	H&B Drywoll L.L.C. P.O. BOX 635 MORIONNO FL. 32447		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:			
Michael Hertvar			
4/39 Big.	Oak Dr Bo		
Florida street address (P.O. Box NOT acceptable)			
Green word F1 32445			
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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested REQUIRED SIGNATURE: gnature 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 perfury that the facts stated herein are true.)

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)

Page 2 of 2

Article IZ Effective Date 8/1/05