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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: McCall's Profesion (Name of Limited)	Professional Paint and Liability Company)	and Drywall LLC
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Daniel McCall	lame of Person)	DISTRICT FILE
McCalls professional	Drywall and p	painting Life 2
P.O. Box 81		ROAS
	(Address)	
Horseshoe Beach F	locida 32648 State and Zip Code)	
For further information concerning this matter, please c	all:	
Daniel Mc(a/l (Name of Person)	at (<u>407</u>) <u>451</u> (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	☐ \$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:	MAILING AI	DDRESS:

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

The name of the Limited Liability Compar	ıy is:
_McCalls Professional	Drywall and Painting LLC
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
D 1 1 1000 A 11	N. C. all Communication of the

ARTICLE I - Name:

Principal Office Address:	Mailing Address:	
	P.O. Box 81 Harseshar Boh FL 32648	
-	Registered Office, & Registered Agent's Signature:	77
The name and the Florida street addre	McCall SSCORE Registered agent are:	TE
•••	Name	o. L8
49 874 Ave Flori	ida street address (P.O. Box NOT acceptable)	
Horseshoe	Bch FL 32648 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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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

Mc Call
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)