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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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10/03/05--01030--022 \*\*125.00

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05 OCT -3 PM 12:34  
05 OCT -3 PM 12:43  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ronal Vasquez Dry Wall, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronal A. Vasquez Saracox  
(Name of Person)

Ronal Dry Wall  
(Firm/Company)

P.O. Box 5 gretna FL 32332  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronal Vasquez at (850) 508 4082  
(Name of Person) (Area Code & Daytime Telephone Number)

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OCT - 3 PM 12:43  
TALLAHASSEE, FL  
SECRETARY OF STATE

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|---|

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Ronal Dry Wall LLC  
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

590 N Belamy Rd  
Quincy FL 32351

### Mailing Address:

Same

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ronal Vasquez.  
Name  
520 Belamy Rd Quincy FL  
Florida street address (P.O. Box NOT acceptable)  
FL 32351  
City, State, and Zip

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

*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..*

Ronal A. Vasquez - S.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manager MGRM

Rond A. Vasquez S.  
P.O. BOX 5 GRETA FL. 32332.

MGRM

Faustino Sanchez.  
P.O. Box 458  
Greensboro Fla 32330

MGRM.

Miguel Torres.  
P.O. BOX 38 GRETA FL. 32332.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-3-05-

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Rond A. Vasquez  
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.)

Rond A. Vasquez.  
Typed or printed name of signee

**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)