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2005 OCT -3 PM 12:56
TALLAHASSEE FLORIDA

10/4/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

2005 OCT -3 PM 12:56

SUBJECT: GARY LANTERMAN DRYWALL, LLC
(Name of Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE

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

Please return all correspondence concerning this matter to the following:

Kandice LANTERMAN
(Name of Person)

GARY LANTERMAN DRYWALL, LLC
(Firm/Company)

805 SE DOWNING DR
(Address)

High Springs FL 32643
(City/State and Zip Code)

For further information concerning this matter, please call:

Kandice LANTERMAN at (386) 454-1953
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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:
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

2005 OCT -3 PM 12:57
ALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARY LANTERMAN DRYWALL, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

GARY LANTERMAN DRYWALL, LLC
805 SE DOWNING DR.
High Springs, FL 32643

GARY LANTERMAN DRYWALL, LLC
805 SE DOWNING DR.
High Springs, FL 32643

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

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

KANDICE LANTERMAN
Name

805 SE DOWNING DR
Florida street address (P.O. Box **NOT** acceptable)

High Springs FL 32643
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..

Kandice Lanterman
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GARY LANTERMAN
805 SE DOWNING DR
High Springs, FL 32643

MGRM

KANDICE LANTERMAN
805 SE DOWNING DR
High Springs, FL 32643

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kandice Lanterman

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.)

Kandice Lanterman

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)

2005 OCT -3 PM 12:57
CLERK OF STATE
TALLAHASSEE FLORIDA