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# TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: RICKY ALLEN PLASTERING, 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:			
RICKY ALLEN (Name of Person)			
PICKY PLLEN PLASTERING, LLC (Firm/Company)			
10/29 80 th Street			
LIVE OAK FL 32060 (City/State and Zip Code)			
For further information concerning this matter, please call:			
RICKY PLLEN at (386) 364-45/2 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$\square\$ \$\squa			

## STREET ADDRESS:

Registration Section

TO:

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 30, 2005

RICKY ALLEN 10129 80TH STREET LIVE OAK, FL 32060

SUBJECT: RICKY ALLEN PLASTERING, LLC

Ref. Number: W05000045162

We have received your document for RICKY ALLEN PLASTERING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the managers name in article IV.,

Please return the original and one copy of 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) 245-6931.

Letter Number: 505A00059605

Becky McKnight Document Specialist New Filings Section

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:	
RICKY ALLEN PLAST	TERING, LLC
ARTICLE II - Augress:	
The mailing address and street address of the pri	incipal of the Limit of the Company is:
Principal Office Address:	Mailing Address:
18/29 POTE STREET LIVE DAK, FL 32060	SAME

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

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

Name

Name

10/29 80 L

Florida street address (P.O. Box NOT acceptable

LIVE Opk, FL 32060

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

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ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:  Ricky ALLEN  10/25 80 Stree  Live OAK, FL 32
(Use attachment if necessary)	
REQUIRED SIGNATURE:	e added if an effective date is requested.
•	Allen or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here.    C   Types	· //
Filing Fees:	J
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$\sqrt{\$5.00 Certificate of Status (Optional)}\$	ation and Designation