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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
/D.,	siness Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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FILED
2005 OCT 14 PH 2: 52
CALLSSEE, FLORIDA

4 STYNES OCT 1.4 2009

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Brian (Name of Limite	Taylor Drywall Id Liability Company)	LLC
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Brian Tax	loc Name of Person)	2008 OCT 14 PH 2: 52
	Brian Taylor	Drywell LLC	OCT 14 PH
	75 Red wood	(Address)	H 2: 52
		(Address) State and Zip Code)	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Brian (Name	Taylor of Person)	at (950 933 ~ (Area Code & Daytime Te	35+7 lephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314 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:
Brian Taylor Dry (Must end with the words "Limited Liability Company, "Li	vall LLC
(Must end with the words "Limited Liability Company, "Li	mited 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:	Mailing Address:
75 Red wood Ln. Crawford ville fl 32327	75 Rodward Los.
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another the registered agent are: rneS me Wood L W address (P.O. Box NOT acceptable)
The name and the Florida street address of the	e registered agent are:
April Ba	rnes E P
75 Red	wood LN
Florida street	address (P.O. Box NOT acceptable)
(cawtord)	11(FL 3232 7
City, Sta	te, and Zip
Having been named as registered agent and	to accept service of process for the above stated limite

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 (REQUIRED)

(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	
MGR N	Brian Taybr
	Brian laybr 75 Redwood Ln Crowfordville fl 32327
	Crawfordville fl 3232>
MGRM	
70101K 701	Carlos Kilpatrick 189 Unddon LK Ray
	Cranfordull F1 32322
	Confodulli fl 3232>
MGR M	April Baines
	April Baines 75 Red wood Ln
	lian ford ville, fl 32327
	
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Use attachment if necessary)	
• ,	he date of filing: (OPTIO)
	he date of filing: (OPTIO)
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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)