

L05000106709
Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0393

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

05 NOV -2 PM 12:56

LIMITED LIABILITY COMPANY

Adam Poust Drywall Finishing, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02 3
Estimated Charge	\$130.00

2005 NOV -2 A 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H05000255173

ARTICLE I - Name

The name of the Limited Liability Company is: **Adam Poust Drywall Finishing, L.L.C.**

ARTICLE II - Address

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

Principal Office Address:

6520 Renee Circle

Milton, FL 32583

Mailing Address:

6520 Renee Circle

Milton, FL 32583

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

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

Adam Poust

Name

6520 Renee Circle

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Milton, FL 32583

(City / State / 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 - Adam Poust

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

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

Title:

Name and Address:

"MGR" = Manager


"MGRM" = Managing Member

MGR

Adam Poust - 1348 Tate School Road #2, Cantonment, FL 32533

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Adam Poust

Typed or printed name of signee

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