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COVER LETTER

Division of Cor			
SUBJECT:	(Name of Limited	((1)()())	yhalll.
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	1
	Terry	Name of Person)	<u> </u>
	Straigh	Name of Person) Firm/Company)	Drymall, LLC
4		ma Lan	
	,) ,-	(Address) State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
(Name	JEACUK of Person)	at () 3 5) 2 ((Area Code & Daytime Tel	1565 Rephone Number)
Enclosed is a check for	r 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	us.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:	Mailing Address:
595 Norm Lane	595 Normalane Brainy 11.32425
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another

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

| Composition |

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: Name and Address:

'MGR" = Manager 'MGRM" = Managing Member	Name and Address.
1. 1 G-K	1811 / Cacack
Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: _ . (OPTIONAL) (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:

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.)

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)