L05000120891

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number) Certificates	
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Michae	el Horton Drywall C	Contractor LLC ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Michael H	orton		_
		(Name of Person)	
Michael H	orton Drywall Con	ntractor LLC	
		(Firm/Company)	
117 Quel	ec Ave.		
		(Address)	
Defuniak	Springs Florida	32433	
		//State and Zip Code)	
For further information	concerning this matter, please	call:	
Michael Horton		at (850) 428-774	.1
(Name	of Person)	(Area Code & Daytime Te	lephone 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 Tallahassee, FL 32301	s
September 1	7		

FSU SECTION SE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael Horton Drywall Contractor LLC	r.
	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Michael Horton	Michael Horton
117 Quebec Ave.	117 Quebec Ave.
Defuniak Springs Fl. 32433	Defuniak Springs Fl. 32433
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
The name and the Florida street address of	the registered agent are:
Michael Horton	
1	Name
117 Quebec Ave.	
Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)
Defuniak Springs FI. 33	
City, S	State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete.	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am Jamiliar with and registered agent as provided for in Chapter 608, F.S.
Michael	Morton
Registered Agent's S	Signature (REQUIRED)
	w.
	<u>v</u>
•	TINUED) e1 of 2

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" = Mana				
"MGRM" = Ma	inaging Member			
"MGR"		Michael Horton		
		117 Quebec Ave.		
		Defuniak Springs Fl. 32433	····	
		····	<u> </u>	
<u> </u>				
			- · · · ·	
				
(Use attachmen	i ii necessary)			
	isted, the date must b late of filing.)	date of filing: e specific and cannot be more than		
	Muhoe	Morton		
	Signature of a member	er or an authorized representative of a m	ember.	
	(In accordance with second this document const that the facts stated by	ction 608.408(3), Florida Statutes, the executives an affirmation under the penalties of acrein are true.)	ution	
	Michael Horton			
		rped or printed name of signee		<u>-</u> ਾ
			Ęs	
<u>Filing Fee</u>	<u>s:</u>		<u>-</u>	U
\$125.00 Filing	Fee for Articles of Orga	nization and Designation	ŧ	w "
of Re	gistered Agent	manute and separation		ن عا
\$ 30.00 Certif	ied Copy (Optional) icate of Status (Optional	_		
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