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PICK-UP		WAIT	MAIL	
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COVER LETTER

TO:

TO: Registration Se Division of Co.			
SUBJECT: Deway	ne Renfroe Drywa	Il Contractor LLC	
	(Name of Limite	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Dewayne	Renfroe		
	((Name of Person)	
Dewayne	Renfroe Drywail C	Contractor LLC	4
	<u> </u>	(Firm/Company)	
10249 Hv	vy.83		
	<u> </u>	(Address)	· · · · · · · · · · · · · · · · · · ·
Defuniak	Springs Florida	32433	
		/State and Zip Code)	
B 6 4 4 6 44			
For further information of	concerning this matter, please	call:	
Dewayne Renfr	ое	at (850) 859-99	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	or the following amount:		76.7. 76.7.
☑ \$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassec, FL 32301	ns • • • • •
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Dewayne Renfroe Drywall Contractor LL	C
(Must end with the words "Limited Liability Company, "Lin	nited 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:
Dewayne Renfroe	Dewayne Renfroe
10249 Hwy. 83	10249 Hwy. 83
Defuniak Springs Fl. 32433	Defuniak Springs Fl. 32433
The name and the Florida street address of the Dewayne Renfroe Name	
10249 Hwy. 83	
	address (P.O. Box <u>NOT</u> acceptable)
Defuniak Springs Fl. 324	33 FL
	e, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
Deway	Rayland
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(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Manag			
"MGRM" = Man	aging Member		
"MGR"		Dewayne Renfroe	
	Marie de	10249 Hwy. 83	
		Defuniak Springs Fl. 32433	
		Dordinan Opinigo I I. 02 100	
	_		
			
	_		
	_	W. C.	
			
(Use attachment i	f necessary)		
(Osc attachment i	i necessary)		
APTICLE V. Effective d	ate if other than the dat	te of filing:	(ODTIONIA &)
		pecific and cannot be more than five	
to or 90 days after the da		sectific and cannot be more than five	: Dusiness days prior
to or 30 days after the da	ie or iming.)		
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<u>KEQUIKED</u> SIG	IVALUINE.		
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	Signature of a member or	an authorized representative of a memb	
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	(In accordance with section	n 608.408(3), Florida Statutes, the execution	1 7
	that the facts stated herei	es an affirmation under the penalties of perjuin are true.)	ury
		m are u ac.,	i i i i i i i i i i i i i i i i i i i
	Dewayne Renfroe		l, J
	Typed	or printed name of signee	÷
Filing Food			- A O
Filing Fees:			_, w

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)