

LOG 000008473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

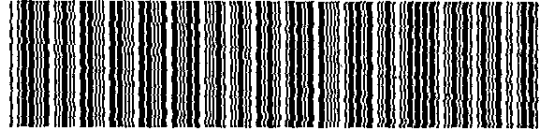
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

1/25/06  
[Signature]



200063147672

01/17/06--01035--012 \*\*180.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JAN 17 PM 12:59

FILED

*Law Offices of*  
*Gillespie and Gillespie, P. A.*

*Telephone (386) 428-2416*  
*Fax (386) 428-8252*

*W. M. Gillespie (1879-1932)*  
*J. W. Gillespie (1916-1981)*  
*William M. Gillespie*

*Gillespie Building, 233 North Causeway*  
*P. O. Drawer 580*  
*New Smyrna Beach, Florida 32170-0580*

FLORIDA BAR BOARD CERTIFIED  
REAL PROPERTY LAWYER

January 13, 2006

Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Gary Reeves Drywall LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization for the above referenced Limited Liability Company. Please file the enclosed Articles and return a certified copy to me in the enclosed return envelope, as soon as possible. A Certificate of Designation of Registered Agent/Registered Office is also enclosed for recording. This firm's check made payable to the Secretary of State in the amount of \$180.00 is provided to cover the filing, certification and recording fees.

Please contact us if there are questions regarding this procedure.

Sincerely,



W. M. GILLESPIE

Enclosures

FILED  
05 JAN 17 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
GARY REEVES DRYWALL LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "Gary Reeves LLC."

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Company is 383 DeSoto Drive, New Smyrna Beach, Florida 32169.

**ARTICLE III — Registered Agent:**

The name and the Florida street address of the initial registered agent are: Gary Reeves, 383 DeSoto Drive, New Smyrna Beach, Florida 32169.

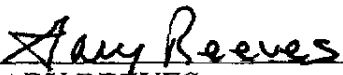
**ARTICLE IV—Purpose :**

This Limited Liability Company is organized to engage in any business permitted under applicable Florida Statutes. In addition thereto, this Limited Liability Company shall specifically engage in the sale, distribution and installation of drywall of all types, and entering into contracts connected therewith.

**ARTICLE V—Term :**

The term of this Limited Liability Company shall begin upon the acceptance of Articles of Organization by the Florida Department of Florida, and shall be perpetual/

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this \_\_\_\_\_ day of January 2006.

  
\_\_\_\_\_  
GARY REEVES  
Signature of Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

05 JAN 17 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **Gary Reeves LLC.**
2. The name of the registered agent is: **Gary Reeves.**
3. The registered street of the registered agent is: **383 DeSoto Drive, New Smyrna Beach, Florida 32169.**

05 JAN 17 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

FILED

*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.*

*Gary Reeves*  
GARY REEVES  
Registered Agent