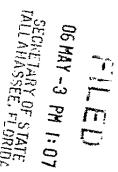
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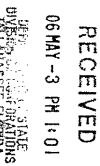
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status_ Special Instructions to Filing Officer:



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10010 A. 31433

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: P # DYUG LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eddie Ray Henderson (Name of Person)		
PAH Dywall LLC (Firm/Company)		
4255 Jackson Rd.		
4255 Jackson Rd. (Address) (Address) (Othendale, Fl. 30431 Fig. 8 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Eddie Henderson at (850) 209-0035 203-728 (Area Code & Daytime Telephone Number):		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status \$\bigcup \\$(additional copy is enclosed)\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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, "Limi	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PAH DOLLAL UC 4255 Jackson Rd, Cottondale, Pl. 32431 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another registered agent are:
19diis	95
4255 Jak Florida street ac	Idress (P.O. Box NOT acceptable)
Cottonda le City, State,	FL 82431 and 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 (REQUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member is as follows: "MGRM" = Manager "MGRM" = Managing Member "MGRM" = Managing Member is as follows: "MGRM" = Manager "MGRM" = Managing Member "MGRM" = Managin

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five businesodays prior

(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.)

Typed or printed name of signee

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)