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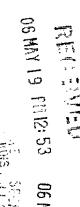
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: CREWS Bro's Custom DRYWALL (Name of Limited Liability Company)
(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:
STACEY E. CREWS (Name of Person)
(Name of Person)
CRE-WS BRO'S CUSTOM DRYWALL (Firm/Company)
3549 168th St
(Address)
WE Ilborn, Fla 32094 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
STACEY E CREWS at (386) 832-6269 5
(Name of Person) (Area Code & Daytime Telephone Number)
STACEY E CREWS at (386) 832-626955 5 (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 & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CREWS Bros (Must end with the words "Limited Liability"	Custom	DRYWALL	LLC	- <b>,</b>
ARTICLE II - Address: The mailing address and street address.		· · · · · · · · · · · · · · · · · · ·		
The manning address and street add	riess of the brincipa	ii office of the Limited	Liability Comp	oany is:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3549 168th ST WENDOWN, FH 32094	3549 168# st Wallborn, Fl. 32094
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration of the registration of the registration of the registration of the registration.	egistered agent are:  CREUS  P
	dress (P.O. Box NOT acceptable)
Wellborn City, State, a	FL 32094

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

519-06

ARTICLE IV- Manager(s) or Manager (s) and Address of each Manager	aging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	STACEY E CREWS 162 NEW HARBOUT WAY LAKE CITY, EM 32024
MERM	RAYMOND L CREWS 3549 16814 5+ WELLOWN, FL 32094
MGRM	TYAROLD R CREWS 3549 168 FL ST WALL BOXN, FH 32094
<del></del>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	date of filing: <u>5-19-06</u> . (OPTIONAL) the specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	OG HAY I
Signature of a member	or or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution
	YE CREWS  Sed or printed name of signee

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation