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SECRETARY OF STATE
AND A HASSEE, FLORID!

WW-65280

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DAVID WATSON DRYWALL, 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:	
DAVID WATS ON (Name of Person)	_
(Name of Person)	_
DAVID WATSON DRYWALL, LLC	
17751 164h ST	
(Address)	
LIVE OAK FL 32060 (City/State and Zip Code)	_
(City/State and Zip Code)	2006 TALL
For further information concerning this matter, please call:	Z006 JUN 27 PM SECRETARY OF S ALLAHASSEELFI
DAVID WATSON at (386, 590-1561	7 P
(Name of Person) (Area Code & Daytime Telephone Number)	OF S.

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DAVID WATSON DRI	IWALL, LLC	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
17751 16th ST	same	
17751 16th ST LIVEDAK, FL 32060		
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered Che name and the Florida street address of the reg	istered agent are:	2006 SEC
The name and the Florida street address of the reg	istered agent are:	2006 JUN 27 SECRETARY
	istered agent are:	2006 JUN 27 SECRETARY
The name and the Florida street address of the reg DAVID WATS Name	istered agent are:	2006 SEC

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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	Name and Address:		
MGR	DAVID WATSON 19951 16th ST LIVE OAK, FL 32060		
			
(Use attachment if necessary)		2006 JUN 27 PM 1: 1 SECRETARY OF STATI TALLAHASSEE. FLORII	8
NOTE: An additional article must be	added if an effective date is requested.	N 27 PH I	9 9
REQUIRED SIGNATURE:		I: 19 STATE ORIDA	C. Traini
David Water	n	IDA	
o .	uthorized representative of a member.		
of this document constitutes an a that the facts stated herein are tr	•		
David Watso Typed or pr	inted name of signee		

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)