# L0600074929

•
. (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



800077976008

07/27/06--01016--023 \*\*160.00

SECRETARY OF STATE TALL AHASSEE FLORIDA



## **COVER LETTER**

TO: Registration S Division of Co		y*		
SUBJECT: Wallace's Drywall LLC. (Name of Limited Liability Company)				
SCORECT: TVW/	(Name of Limite	ed Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all corresp	oondence concerning this matte	er to the following:		
Eric S. Wallace (Name of Person)				
· · · · · · · · · · · · · · · · · · ·				
Wallace's Drywall LLC.				
10- 15th 115				
(Address)				
VeroBeach Fl. 32962				
Vero Beach Fl. 32962 (City/State and Zip Code)				
For further information concerning this matter, please call:				
	Vallace of Person)	at ( <u>772</u> ) <u>453</u> (Area Code & Daytime T	-9580 elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Addres	c	

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

Registration Section
Division of Corporations
Clifton Building
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:

Wallace's Drywall LLC.  (Must end with the words "Limited Liability Company, "Limited 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:			
105 18+LAVE. VeroBeach, Fl. 32762	105 18th AVE. Vero Beach, Fl. 3	37967		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Eic S. Wallace Name				
105 18th AVE.				
Florida street address (P.O. Box NOT acceptable)  Vero Beach, FL 32962  City, State, and Zip				
Vero Beach City, State, and	TL 32962 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)	FIL I 06 JUL 27 SECRETARY TALLAHASSE		
(CONTINUE Page 1 of 2	ED)	PH : 31 OF STATE EFLORIDA		

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
NOME	NONE
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: $\frac{8/1/06}{1000}$ . (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
_	an authorized representative of a member.
of this document constitutes that the facts stated hereir	•
Typed of	wallace 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)