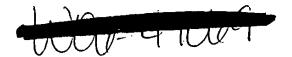
LOCOO 107871

(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





500081053275

10/25/06--01017--002 **130.00

06 NOV -6 PH 1: 17

SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT: Hull Drywall LC				
	(Name of Limited	l Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Raymond				
	(1	Name of Person)		
Hull Drywa	all LC			
	(Firm/Company)		
4 canela	ct			
		(Address)		
Homosas	sa Fl 34446			
1101110040		/State and Zip Code)		
For further information concerning this matter, please call:				
Ray Hull		at (352) 464-057	73	
	of Person)	(Area Code & Daytime To	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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	



October 26, 2006

RAYMOND N. HULL 4 CANELA COURT HOMOSASSA, FL 34446

SUBJECT: HULL DRYWALL L.C. Ref. Number: W06000047069

We have received your document for HULL DRYWALL L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 006A00063750

Leslie Sellers Document Specialist



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Huli Drywall L.C.		
Must end with the words "Limited Liability Company, "	Limited Company" or their abbreviation "LLC," of	or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liab	bility Company is:
3		randy Company is:
Principal Office Address:	Mailing Address:	
l canela ct	4 canela ct	
Homosassa Fl, 34446	Homosassa Fl, 34446	
ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent's S	Signature:
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an individu	ual or another
The name and the Florida street address of	_	
Rasamana	l N. Hall	
N	lame	
4 Cance	et address (P.O. Box <u>NOT</u> acceptable)	
Homesa	SSA FL 34946 tate, and Zip	
City, S	tate, and Zip	
Having been named as vegistaged agent on	d to agree a service of the service of the service of	L
Having been named as registered agent and liability company at the place designated		
registered agent and agree to act in this cap		
statutes relating to the proper and comple		
accept the obligations of my position as		
Ω 1	11 0	
- Ufmod	/h.R ignature (REQUIRED)	SECRE DIVISION : 06 NOV :
Registered Agent's S	ignature (REQUIRED)	NO:
		N RET

(CONTINUED)
Page 1 of 2

DIVISION OF CORPORATIONS

OF NOV -6 PH 1: 1

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:
RAYMOND N. HUL	4 Carela ct. 34446
MGR	Raymond N. Hull 4 Canala ct Homosaire Fe. 34446
At and the second secon	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
- Am	-h Hall

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

(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.)

Raymond N. Hull

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)

LI : I HA 9- AON 90