(Requestor's Name)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Registration Section

Division of Corporations	
SUBJECT: Victor's 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:	
Victorio Grano (Name of Person)	
Victor's Drywall LLC. (Firm Company)	
4 Vaughn Rd (Address)	ş — ———————————————————————————————————
Winterhaven, FLA 33880 (City State and Zip Code)	, 1 m
For further information concerning this matter, please call:	
Alarla Ninke at 863 651-1409 (Name of Person) (Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\infty\$\$\text{\$130.00 Filing Fee} & \infty\$\$\text{\$\subseteq}\$	
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:	
Victors 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 Liabili	ty Company is:
Principal Office Address: Mailing Address:	
4 bush Rd 4 Vausho Rd	
Wintechven FLA 33880 Winterhaven FLA 338	880
The state of the s	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Marla Minke Name	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan	pointment as provisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Victorio Grano 4 Vaugho Rd Winterhaven, FLA 33880	an and an
	-5. V-1	.
(Use attachment if necessary) CLE V: Effective date, if other than the ffective date is listed, the date must less after the date of filing.)	e date of filing:	
CLE V: Effective date, if other than the ffective date is listed, the date must l		
TLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:		

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)

	01-19-04
	To whom it may concern,
	Victorio Grano own 10070
- <u> </u>	of Victor's Drywall LLC.
-,	Located at it Vaughn Rd
·	Located at i 4 Vaughn Rd Winterhaven, FL 33880
	Dhone #: 863-651-1409
	Jichro Dono
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	DEBORAH GAINEY MY COMMISSION # DDASA903
	EXPIRES: September 21, 2008 1-80-3-NOTARY PI Noory Discount Assoc. Co.
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