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RECEIVED

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Eand R DRYwall of Leon LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Ron Benfield	
(Name of Person)	
(Firm/Company)	
(Firm/Company) 58 Soux Circle	: 57 C
(Address)	3
Havana, A 32333	Ļ
(City/State and Zip Code)	
or further information concerning this matter, please call:	
Pon Benheld at (850) 539-517/ (Name of Person) (Area Code & Daytime Telephone Number)	
nclosed 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 & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address Registration Section Registration Section	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Eand R DRYU	vall of Leon UC
(Must end with the words "Limited Liability Company,"	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8037 Baby Farm Rd Tallahassee, Fl 32310	8037 Baby Farm Rd Tallahassee, FI 32310
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the Bellin Bell	enfield 5 3
	PH 2
58 Sinu	v Ciecle 🥺 🚉
_ 58 Sion	t address (P.O. Box NOT acceptable)
58 STOW	t address (P.O. Box NOT acceptable)
58 Stou Florida stree Hava na	t address (P.O. Box NOT acceptable) FL 33333 ate, and Zip

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

ARTICLE IV- Manager(s) or Manager The name and address of each Manager		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	FRANCISCO E. HERMENDE 8037 Baky FARM Rd Tallahassee, F1 32310	2
MORN	Randy Hernandez 8037 Raby Farm Kd Tallahassee Fi 32310	
MORM	De Jesus Martinez Merca 8037 Beby Farm Rd Tallahassee Fi 32310	?de
MGKM	Noe Sam rel Muñoz 8037 Baby Farm Rd Tallahasser Fi 32310	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTIO specific and cannot be more than five business	,
REQUIRED SIGNATURE:		TOF CORPO
Signature of a member	or an authorized representative of a member.	TATE RATIO
(In accordance with secti-	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	₽ ₹
TOO Ole	of or printed name of signee	e e

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)