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(R	equestor's Name)	
(A	ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Document Number)		
Certifled Copies	Certificates of	Status
Special instructions to	Filing Officer:	

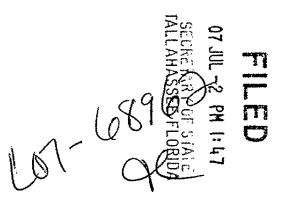
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Protocal Drywall - (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:		
Alex William Pecare (Name of Person)		
	- ب	
(Firm/Company)		
4004 E. 11th st. P. apt HB		
(Address)		
Panama City FL 32 your (City/State and Zip Code)	. •	
For further information concerning this matter, please call:		
Hex Pecore at (80) 577 9820 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\frac{1}{2}\$155.00 Filing Fee \$\frac{1}{2}\$155.00 Filing Fee \$\frac{1}{2}\$160.00 Filing Fee, Certificate of Status \$\frac{1}{2}\$Certified Copy \$\frac{1}{2}\$Copy \$\frac{1}{2}\$Certified Copy \$\frac{1}\$Certified Copy \$\frac{1}{2}\$Certified Copy \$\frac{1}{2}\$Certif		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301 LAHASSEE, FLORID.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Protocall Dryseal (Must end with the words "Limited Clability Company, "L.L.C.," or "LLC.")	<u>C', '</u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	d Liability Company is:
Principal Office Address: Mailing Address:	
Young E-11th st. Apts Same Panama city PL 324004	-
ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ibusiness entity with an active Florida registration.)	
Name 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 accepting registered agent and agree to act in this capacity. I further agree to comply statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for Registered Agent's Signature (REOURED)	with the provisions of all I I am familiar with and
	O7 J SECH ALLL

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR RM WGRM THE MANAGER WGR RM WGRM THE MANAGER WGR RM WGR R

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing: _

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

nat the facts stated herein are true.)

Voed or printed name of signed

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)

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SEUNC TARY OF STATE
TAIL AHASSEE, FLORIDA

(OPTIONAL)