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PICK-UP WAIT MAIL			
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(Business Entity Name)			
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Certified Copies Certificates of Status			
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SECREILARY OF STATE TALLAHASSEE, FLORIDA

AUG 20 AM 11:5

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT:	LUSK DRYWA (Name of Limite	LL, LLC d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
	William Lus	SK, Jr, Name of Person)		_
L	usk Drywa			
			.	17 NUG 20 AM 11:56 07 NUG 20 AM 11:56
//	t Timberview	1 Drive	· · · · · · · · · · · · · · · · · · ·	過過
				經 9
/	PalgtKa, FL	- 32/17 (State and Zip Code)		PES A
	concerning this matter, please			56 FATE
William Ly (Name	15K, Jr of Person)	at (<u>386</u>) <u>937</u> - (Area Code & Daytime To	-4823 elephone Number)	
Enclosed is a check for	r the following amount:			
✓ \$125.00 Filing Fee Dept of State	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclosed)	k
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
LUSK Drywall, 2 (Must end with the words "Limited Liability Company, "Li	LLC FFFECTIVE DATE 8 20 07
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
APTICLEU	
ARTICLE II - Address:	minimal office of the Limited Lightlifty Company in
The maining address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1111 Tim harrison Driver	III Timbervious Arive.
114 Timberview Drive Palatka, FL 32177	114 Timberview Orive Palatka, FL 32177
19191 14, 1 = 22/11	rujujika, je gariji
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the William Na	view Drive
Palatka	address (P.O. Box <u>NOT</u> acceptable) FL 32/17 te, and Zip
City, Sta	ie, and Zip
	to accept service of process for the above stated limited

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)

(CONTINUED) Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	William Lusk, Ir
	William Lusk, Jr 114 Timberview Drive Palatka, FL 32117
	Talaina, FL 3X/1/
	•
	
(Use attachment if necessary)	n the date of filing:
• •	P/20/07 20 E
If an effective date is listed, the date my	n the date of filing: 8/20/07 (OPTIONAL) Ist be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	52 :
	APPER SO
REQUIRED SIGNATURE:	
- Wallet	an Lust a.
Signature of a m	ember or an authorized representative of a member.
(In accordance w	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
that the facts st	ated herein are true.)
<u> </u>	Typed or printed name of signce
	Typed or printed name of signee
Filing Fage	

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)