L07000096019

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100109358711

09/17/07--01026--019 **160.00

07 SEP 17 AH 10: 32

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kasper's Drywall & Metal Framing, 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:
Mille Brough (Name of Person)
Ikasper's Orywall and Metal Framing, LLC
10121 Winder Trail 9
10121 Winder Trail (Address) Orlando FL 32817 (City/State and Zip Code) For further information concerning this matter, please call:
City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:
(Name of Person) at (407) 509.6578 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, \$\$\$ \$Certified Copy (additional copy is enclosed)\$\$
Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Registration Section
Division of Corporation
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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Kasper's Dywall 4 Metal (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10121 Winder Trail	10121 Winder Trail Octando FL 32517
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Mike Brough	T CORPORTE STATE OF S
10121 Winder Florida street addre	Trul 32 PRINTER 32 PRI
Orlando City, State, and	FL 32817 d Zip

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)

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)