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Office Use Only

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M. THOMAS

AUG - 5 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: DPR S	Services LLC		
	(Name of Limit	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Pedro A R	ivera		
<u></u>		(Name of Person)	
DPR Serv	ices LLC		₩
		(Firm/Company)	Eg
1530 Villa	Capri Cir. Suite #	101	400 A
		(Address)	in o
Odosoo E	1 22556		E C
Odessa, F		y/State and Zip Code)	
	(0.1)	y/state and 2.th code)	•
For further information	concerning this matter, please	call:	
Pedro A Rivera	1	at (813) 300 256	7
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327. Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center (Tallahassee, FL 32301	•

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2008

PEDRO A. RIVERA 1530 VILLA CAPRI CIR. #101 ODESSA, FL 33556

SUBJECT: DPR SERVICES LLC Ref. Number: W08000034266

We have received your document for DPR SERVICES LLC and your check totaling \$160.00. However, the enclosed document has not been filed and being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or a it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P08000048876.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 408A00042307

· PH 2

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Registration Section

Division of Corporations						
SUBJECT: Drywall, Painting And F	₹enc	ovation	Servi	ces,	LLC.	
(Name of Lin	rited L	iability Cor	npany)			
The enclosed Articles of Organization and fee(s) ar	re subn	nitted for fi	ing.			
Please return all correspondence concerning this m	atter to	the follow	ing:			
Pedro A Rivera						
	(Мал	ne of Person)				
			_			
Drywall, Painting And Rene			vices,	, LLC		
	(Fim	n/Company)			超星	, *
1530 Villa Capri Cir. Suite	#10 ⁻	1			OR AUG SECRETARY OF O	<u>.</u>
1000 vina Gapir Gir. Gano i		Address)				5 ~
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Odessa, FL 33556					<u> </u>	
(0	ity/Stat	te and Zip C	ode)		APA	A
For further information concerning this matter, plea	ise call	l :			7	
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Pedro A Rivera	at (813)	0 256		
(Name of Person)		(Anea C	ode & Day	ytime Te	lephone Number)	
Enclosed is a check for the following amount:						
\$125.00 Filing Fee \$\text{Certificate of Status}\$	1	6155.00 Fil Certified ((additional o	Ору		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	i	Registr Division Clifton	Courier ation Secon of Corresponding Secutive	t ion poration	as	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited	Ing address and street address of the principal office of the Limited Liability Company is: Office Address: Mailing Address: Capri Cir. Suite #101	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	8 29 4
1530 Villa Capri Cir. Suite #101		ES.
Odessa, FL 33556		
		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
ousiness entity with an active riorida registration.)		•
Pedro A Rivera		
Pedro A Rivera	/ame	
Pedro A Rivera N 1530 Villa Capri (Cir. Suite #101	
Pedro A Rivera N 1530 Villa Capri (Florida stree	Cir. Suite #101 et address (P.O. Box <u>NOT</u> acceptable)	
Pedro A Rivera N 1530 Villa Capri C Florida stree Odessa, FL 3355	rame Cir. Suite #101 et address (P.O. Box <u>NOT</u> acceptable) 6 FL	

(CONTINUED)
Page 1 of 2

(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:	Title: "MGR" = Manager "MGRA" = Manager	Name and Address:	
(Use attachment if necessary) CICLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member		
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	MGR	Pedro A Rivera	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:		1530 Villa Capri Cir. Suite #101	
CLE V: Effective date, if other than the date of filing:		Odessa, FL 33556	
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of 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			
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CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)		À
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that the facts stated herein are true.)	of this document co that the facts stat	onstitutes an attirmation under the penalties of perjury ted herein are true.)	

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)

Typed or printed name of signee