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EXAMINER



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SECRETARY OF STAIL DIVISION OF COPPERATION

COVER LETTER

TO:	Registration Se Division of Cor				,
CUDI	_{ECT:} Pat Mc	Cue Drywall and	Metal Frami	ina. LLC	
SODI	ECT:		ted Liability Compa		
The e	nclosed Articles of	Organization and fee(s) are	submitted for filing	;.	
Please	return all correspo	ndence concerning this mat	ter to the following:	:	
	Patrick L. N	1cCue			
			(Name of Person)		
	Pat McCue	Drywall and Me	tal Framing,	LLC	
			(Firm/Company)		
	1337 Anda	lusia Street			
			(Address)		
	North Port,	FI 34286			
		(Ci	ty/State and Zip Code))	, , , , , , , , , , , , , , , , , , ,
For fu	rther information co	oncerning this matter, pleas	e call:		
Patr	ick L. McCu	ıe	at (941)	962-068	7
	(Name o	f Person)	(Area Code	& Daytime Tele	ephone Number)
Enclo	sed is a check for	the following amount:			
\$125	.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Corr	pany is:		
Pat McCue Drywall and Meta	al Framing, LLC		
	nited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited Liab	ility Company is:	
incipal Office Address: Mailing Address:			
1337 Andalusia Street	1337 Andalusia Street		
North Port, FL 34286	North Port, FL 34286		
	egistered Office, & Registered Agent's S		
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individua	/	
The name and the Florida street address	s of the registered agent are:	80 SIAIC	
Patrick L. McC	SECRE DIVISION 08 NOV		
	Nome	- -	

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..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REOUIRED)

1337 Andalusia Street

North Port, FL 34286 _{FL} City, State, and Zip

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Manager	Patrick L. McCue
	1337 Andalusia Street
	North Port, FL 34286
 	
	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: November 14, 2008. (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 that the facts stated herein are true.)

Patrick L. McCue

Typed or printed name of signee

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)