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FEB 13 2009

**EXAMINER** 

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### **COVER LETTER**

r Division of Corporations
SUBJECT: R & B DRYWALL SERVICES, 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:
RAMON ORDUNA
(Name of Person)
R & B DRYWALL SERVICES, LLC
(Firm/Company)
1051 WYOMING DR., SE
(Address)
PALM BAY, FL 32909
(City/State and Zip Code)
For further information concerning this matter, please call:
RAMON ORDUNA at 321 323-6640
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\bigcup \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
R & B DRYWALL SERVICES, LLC (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
RAMON ORDUNA	1051 WYOMING DR., SE, PALM BAY, FL 32909
ARTICLE III - Registered Agent, Registered ( (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the reg	ed Agent. You must designate an individual or another
JOSE A VELASQUEZ	1 Sold agont also.
Name	SE SE SISTER OF THE SECOND SEE
1051 WYOMING DR,	SE FOR PRIVATE SECRETARIAN TO THE PRIVATE PRIV
Florida street addre	ss (P.O. Box NOT acceptable)  FL 17in
PALM BAY, FL 32909	FL FI
City, State, and	1Zip S <sup>171</sup> Z
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ired agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

tere 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:

MGR	RAMON ORDUNA		
With the Control of t	1051 WYOMING DR., SE		
	PALM BAY, FL 32909		
MGRM	JOSE A. VELASQUEZ		
<del></del>	1051 WYOMING DR., SE		2(
	PALM BAY, FL 32909	1-73	9
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(Use attachment if necessary)			
		(OPTIO)	1475
CLE V: Effective date, if other		. (OPTIOI	
	must be specific and cannot be more than five l	business d	ays p
00 days after the date of filing.)			

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.)

JOSE A. VELAS QUE Z
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)