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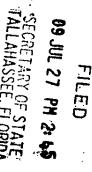
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COVER LETTER

TO:	Registration Division of C			
SUBJE	CCT:	E&RDR	WALL SERVICES LL	.C
		Name of Limit	ed Liability Company	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	spondence concerning this mat	ter to the following:	POT Y
		RO	ON BENFIELD	E.
			Name of Person	S. S. C.
			Firm/Company	*2
		58 \$	SIOUX CIRCLE	
·			Address	E.
			/ANA, FL 32333	
		Cit	y/State and Zip Code	
-		E-mail address: (to be used to	for future annual report notification)	
For fur	ther information	n concerning this matter, please	e call:	
	RON	BENFIELD		539-5171
	Name	e of Person	Area Code & Daytime Tele	ephone Number
Enclos	ed is a check	for the following amount:		
]\$125. ⁽	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Corporation Clifton Building 2661 Executive Center 6	s

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liab	ility Company is:	
E&R	DRYWALL SERVICES LLC	
(Must end with the	e words "Limited Liability Company," "L.L.C.," or "LLC	.")
ARTICLE II - Address:		
The mailing address and street	t address of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
8037 BABY FARM RD	PO BOX 1923	
TALLAHASSEE, FL 32310	QUINCY, FL 32353	· · · · · · · · · · · · · · · · · · ·
(The Limited Liability Company cannot business entity with an active Florida re	Agent, Registered Office, & Registered Agent serve as its own Registered Agent. You must designate a registration.) et address of the registered agent are:	
	RON BENFIELD	Pro En
	Name	P P P
	58 SIOUX CIRCLE	SST 2
Florida	a street address (P.O. Box NOT acceptable)	ing A
HAVAI	NA, FL 32333 FL	Q.P
	City, State, and Zip	Br.
liability company at the pla registered agent and agree to statutes relating to the prope	ered agent and to accept service of process force designated in this certificate, I hereby accept act in this capacity. I further agree to compler and complete performance of my duties, and y position as registered agent as provided for	rept the appointment as y with the provisions of all ad I am familiar with and
	no Office	
Regis	stered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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" = Mai "MGPM" = M	nager Ianaging Member	
MORNI ~ N	anaging Member	
MGRM		JUAN CARLOS PORTILLO
		PO BOX 1923
		QUINCY, FL 32353
MGRM		FRANCISCO HERNANDEZ
		PO BOX 1923
		QUINCY, FL 32353
(Use attachme	at if necessary)	
(Use attachme	nt if necessary)	
•	• ,	e date of filing: (OPTION
LE V: Effective date is	e date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business d
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of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)