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ECHUTE IN STAILE DIVINEM UF CARPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

09 AUG 31 AM II: 55

8/31/09 I will not Revoke the Dissolution on L 05 00000 4458

Countle Dorosy

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DORSEY PLASTERING & DRYWALL LA
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CORNELL DORSEY Name of Person
DORSEY'S PLASTERINS + DRYWALL Firm/Company
1908 WELEH 57 Address
Address
TALIAHASSEE, Fly 32310 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CORNELL DORSCY at (850) 544-5288 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\times\$\$\text{\$130.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{(additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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:		
Copwell Dokspy 55 (Must end with the words "Limited Li	iability Company," "L.L.C.," or "LLC.")	1/ Rywall L	LC
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limite	d Liability Company is:	
Principal Office Address:	Mailing Address:		
1908 Weich St TALIAHASSER, FLA 32310	SAME		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Age egistered Agent. You must designate an	ent's Signature: individual or another	
The name and the Florida street address of the Name and the Name a	ne registered agent are:	FIL 09 AUG 31 SECRUTARY	
TALLAHOSCETT		MIII: 55	
City, Stat Having been named as registered agent and	te, and Zip I to accept service of process for	the above stated limited	

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)

(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:

"MGR" = Manager "MGRM" = Managing Member MLRM	a MD a
	1908 WELCH ST TALLAHASSET FLA
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: (OPTIONAL
	be specific and cannot be more than five business days
O days after the date of filing.) REQUIRED SIGNATURE:	Ooru)
REQUIRED SIGNATURE:	ber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mem (In accordance with	section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a mem (In accordance with of this document co that the facts stated in	section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury

of Registered Agent

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