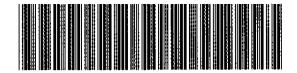
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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TALLAHASSEE, FIORIN

C. LEWIS

MAR 2 3 2010

EXAMINER

COVER LETTER

TÖ:

Registration Section
Division of Corporations

SUBJECT: Hilbe	ort Drywall and Name of Limit	Home Improvements ed Liability Company	<u>L.L.</u> (
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this matt	er to the following:	
Howa	rd Dale Hilk	Name of Person	
Hilbert	Drywall and	Home Improvement	nts L.L.C
915	Munson Blud	Address	-
Tallaha	55ce FL, 3.	2305	
Hilbert	,,	V/State and Zip Code LOO . Lom or future annual report notification)	
For further information	concerning this matter, please	call:	
Howard	Hilbert of Person	at (<u>850</u>) <u>210-8639</u> Area Code & Daytime Telephone Num	ber
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
	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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	ited Liability Company	IS:			
(Must	filbert Dryuend with the words "Limited Li	vall and Home ability Company, "L.L.C.," or "	Imprael	<u>m</u> ents L	<u>L</u> C
ARTICLE II - Addi The mailing address		principal office of the L	limited Liability	/ Company is	5:
Principal Office Add	dress:	Mailing Address:			
915 Munson Tallahissex Fi.	Blud 32305	915 Minson Tallahassic Fi	13/vd - 32305		
ARTICLE III - Reg (The Limited Liability Compusiness entity with an acti	pany cannot serve as its own Re	red Office, & Registere gistered Agent. You must design	d Agent's Signate an individual or	ature:	
	orida street address of th		L AT	CAR TO	11
_	Howard 1	Hilbert		(
		Hilbert ne Blud Tallaha address (P.O. Box NOT acce		4 2:15 YOF STATE	ED
_	City,	FL State, and Zip		Dr.	,

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

FILED

10 MAR 23 PM 2: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
"MGRM"	Howard Hilbert 915 Munson Blud Tallshassee Fe, 32305
	•
(Use attachment if necessary)	
	e date of filing: (OPTIONA

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 that the facts stated herein are true.)

//0. /////

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)