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(Re	equestor's Name)	
. (Ad	idress)	
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_	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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COVER LETTER

10:	Registration S Division of Co				
SUBJ	ECT: Dropolot	h & Roll LLC.			
,			ed Liability Con	ıpany	
The cr	iclosed Articles o	of Organization and fee(s) are	submitted for fil	ing.	
Please	return all corresp	oondence concerning this mat	ter to the following	ng:	
	Daniel DuBosq	ue			
			Name of Person	· ·	
			Firm/Company		
	1721 Highland	Drive			
			Address		
	Longwood, FL	32750			
		Cit	y/State and Zip Co	ode	
	dandub88@gm				
		E-mail address: (to be used t		eport notification)
For fu	ther information	concerning this matter, please	e call:		
Danie	l DuBosque		_ at (<u>407</u>	₎ 462-5112	
	Name	of Person	Area Co	ode & Daytime To	elephone Number
Enclo	sed is a check for	or the following amount:			
	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C (additional c		□ \$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	Registr Divisio Cliftor 2661 E	Courier Addre- ration Section on of Corporation Building Executive Center assee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	ipany is:	
Dropcloth & Roll LLC.		
(Must end with the words "Lin	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	pility Company is:
Principal Office Address:	Mailing Address:	J
1721 Highland Drive	1721 Highland Drive	
Longwood, FL	Longwood, FŁ	
32750	32750	
	s of the registered agent are:	
	Name	. G

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..

City, State, and Zip

Florida street address (P.O. Box \underline{NOT} acceptable) FL 32750

Registered Agent's Signature (REQUIRED)

1721 Highland Drive

Longwood

(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:

MGRM	Daniel DuBosque 1721 Highland Drive
	Longwood, FL 32750
MGRM	Vern Erickson Jr.
	581 Brantley Terrace Way Unit 200
	Altamonte Springs, FL 32714
MGRM	Brian Mock
	511 Heatherton Village
(Use attachment if ne	
	nan the date of filing: May 1, 2010 . (OPTIONA nust be specific and cannot be more than five business day

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.)

Daniel DuBosque

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)