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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sharon.york30@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
Rockcreek Drywall LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

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TALLAHASSEE, FLORIDA

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10 AUG 20 AM 4:46

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G. MCLEOD

AUG 23 2010

EXAMINER

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Rockcreek Drywall LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3920 Alaflora Road

3920 Alaflora Road

Wing, AL 36483

Wing, AL 36483

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

**Rory York**

Name

**692 East Williams Avenue #B**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Crestview, FL 32539**

(City / State / Zip)

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SECRETARY OF STATE  
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*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 - Rory York**

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Joseph York - 3920 Alaflora Road, Wing, AL 36483

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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. )

Joseph York

Typed or printed name of signer