

L11000024285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

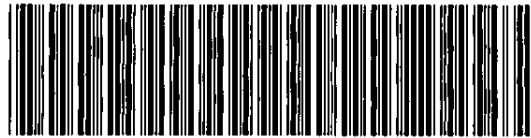
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**B. KOHR**

MAR - 1 2011

**EXAMINER**



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02/28/11--01020--023 \*\*60.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

11 FEB 28 PM 3:22

**B. KOHR**

MAR - 1 2011

**EXAMINER**

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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DIVISION OF CORPORATIONS  
11 FEB 28 PM 3:22

CONTACT: KATIE WONSCH

DATE: 02/28/2011

REF. #: RA4070.143161

CORP. NAME: DEFECTIVE DRYWALL REMOVAL & RESTORATION, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION |   |  |

STATE FEES PREPAID WITH CHECK# 538717 FOR \$ 60.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

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DIVISION OF CORPORATIONS  
11 FEB 28 PM 3:22

**FIRST:** The name of the limited liability company is:  
Defective Drywall Removal & Restoration, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The incorrect name was used.

Name originally used was Defective Drywall Removal and Restoration

this should be EE&G CDW, LLC

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: February 28, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Edwin E Walrad

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Defective Drywall Removal & Reconstruction, LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

5751 Miami Lakes Drive  
Miami Lakes, FL 33014

**Mailing Address:**

5751 Miami Lakes Drive  
Miami Lakes, FL 33014

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CorpDirect Agents, Inc.

Name

515 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee,

FL 32301

City, State, and Zip

*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..*

Katie Wouseh, Asst. Sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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11 FEB 25 PM 4:04  
PHILADELPHIA  
FILED STATE  
SECRETARY OF CORPORATION

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Timothy Gipe

5751 Miami Lakes Drive

Miami Lakes, FL 33014

MGR

David Reed

5751 Miami Lakes Drive

Miami Lakes, FL 33014

MGR

Thomas McArdle

5751 Miami Lakes Drive

Miami Lakes, FL 33014

MGR

Edwin E Walrad

5751 Miami Lakes Drive

Miami Lakes, FL 33014

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Edwin E Walrad**

Typed or printed name of signer

**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)