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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: DRYWAI Services Unimited Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERIC K MERCER
Name of Person
Firm/Company
419 2 NO Street South
Address
DEFINIAK Springs, Florida 32435 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIL MERCER at (850) 819 1474
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (additional copy
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee FI 32314 2661 Evenutive Center Circle

Tallahassee, FL 32301



March 18, 2011

ERIC K. MERCER 419 2ND STREET SOUTH DEFUNIAK SPRINGS, FL 32455

SUBJECT: THE MERCER GROUP LLC

Ref. Number: W11000015860

We have received your document for THE MERCER GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 711A00006752

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company is		
Day . 11/	60011156	walnut	110

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

ARTICLE Π - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
419 2 Street SOUTH	419 2 Street South
DEFINIAN SONNES	DEFINIAN SOCIASS
FLORIDA 32435	Florida 32435

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:

Alita S Nesces

Name

419 2 Street South

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

Defunk Spanger, 32435

City, Stale, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILEU 11 MAR 30 PM 2: 56 SECRETARY OF STATE

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M4R	FRIC K MERCER
MARM	DEFINIAL SPRINTS, Fl 3243 Alila S MERCER 419 20 SHYLL SOUTH DEFINIAL SPRINGS, Fl. 32
(Use attachment if necessary)	
	<i>a</i>
	he date of filing: 3-27-11. (OPTIONAL) be specific and cannot be more than five business days prior
an effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE.	

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