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EXAMINER



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SEPREMARY OF STATE

COVER LETTER

Division of C	orporations		•
SURJECT: DAVI	D BURNS DRYW	ALL, LLC	
		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
DAVID E	BURNS		
<u> </u>		Name of Person	
DAVID B	URNS DRYWAL	L, LLC	•
		Firm/Company	
6860 WA	LLACE DRIVE		
-		Address	
PACE, FL	32571		
	Cit	y/State and Zip Code	
<u>dwilliams@</u>	worldford.com		
	·	or future annual report notification)	
For further information	concerning this matter, please	e call:	
David Burns		at (850) 281.0990	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	Æ	[-]	Nя	m	e:

The name of the Limited Liability Company is:

DAVID BURNS DRYWALL, 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 is:

Principal Office Address:	Mailing Address:
6860 WALLACE DRIVE	6860 WALLACE DRIVE
PACE, FL 32571	PACE, FL 32571

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:

DEENA BURNS		5 813 11th	12	
Na	me	∑ ₹	-11	1900
6860 WALLACI	E DRIVE	ASS	- 83	1/200 A F
Florida street	address (P.O. Box NOT acceptable)	H.	<u>-</u>	g manage
PACE, FL 32571	_{FL} 32571	P _S	H	
City	, State, and Zip		7:-	الحديث
		£ :17	-	

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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	DAVID BURNS
	6860 WALLACE DRIVE
	PACE, FL 32571
The state of the s	
	- NE T
,	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: . (OPTIONA
	the date of filing: (OPTIONAL st be specific and cannot be more than five business day
days after the date of filing.)	
DECLIDED GLONATURE	•
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.)

DAVID BURNS

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)