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MAR 2 8 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporation	18			
SUBJECT: Frank Deus	chle Drywall	LLC		
SUBJECT.	Name of Limited		ny	
The enclosed Articles of Organiza	ation and fee(s) are sul	omitted for filing.		
Please return all correspondence of	concerning this matter	to the following:		
Frank Deuschl		C.D.		
	N	ame of Person		
Frank Deuschle				
	Fi	irm/Company		
2450 Water Pla	int Rd	·	·	
		Address		
St. Augustine, Fl	32092			
	City/S	tate and Zip Code	<u> </u>	
É-mail	address: (to be used for	future annual repor	t notification)	
For further information concerning	•	-	,	
Frank Deuschle	а	t (904	829-751	
Name of Person		Area Code	& Daytime Te	lephone Number
Enclosed is a check for the foll	owing amount:			
<u> </u>	0 Filing Fee & icate of Status	\$155.00 Filing Certified Copy (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporatio	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Frank Deuschle Drywall, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2450 Water Plant Rd St Augustine, Fl 32092	2450 Water Plant Rd St Augustine, FI 32092
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Frank Deuschle	
Name	
2450 Water Plant	Rd
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
St Augustine	_{FL} 32092
City, Sta	te, 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

10 (OD) 3 (Name and Address:	
"MGR" = Manager "MGRM" = Managin	ng Member	
MGR	Frank Deuschle	
	2450 Water Plant Rd	
	St Augustine, FL 32092	
		
		
		•
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	`	
(Use attachment if ne	cessary)	
	•	(OPTIONAL)
CLE V: Effective date,	if other than the date of filing:	
CLE V: Effective date,	if other than the date of filing:the date must be specific and cannot be more than five	
CLE V: Effective date, effective date is listed,	if other than the date of filing:the date must be specific and cannot be more than five	
CLE V: Effective date, effective date is listed, of days after the date of	if other than the date of filing:the date must be specific and cannot be more than five filing.)	
CLE V: Effective date, effective date is listed,	if other than the date of filing:the date must be specific and cannot be more than five filing.)	
CLE V: Effective date, effective date is listed, of days after the date of	if other than the date of filing:the date must be specific and cannot be more than five filing.)	
CLE V: Effective date, effective date is listed, of days after the date of	if other than the date of filing:the date must be specific and cannot be more than five filing.)	
CLE V: Effective date, effective date is listed, of days after the date of REQUIRED SIGNA	if other than the date of filing:the date must be specific and cannot be more than five filing.)	e business days p
CLE V: Effective date, effective date is listed, of days after the date of REQUIRED SIGNA	if other than the date of filing: the date must be specific and cannot be more than five filing.) TURE: Lature of a member or an authorized representative of a member of with section 608.408(3), Florida Statutes, the execution of this of	e business days per der.
CLE V: Effective date, effective date is listed, of days after the date of REQUIRED SIGNA Sign (In accordance)	if other than the date of filing: the date must be specific and cannot be more than five filing.) TURE: Authorized representative of a membre or an authorized representative of a membre or affirmation under the penalties of perjury that the facts stated here	e business days per.
CLE V: Effective date, effective date is listed, of days after the date of REQUIRED SIGNATION (In accordance constitutes a I am aware to	if other than the date of filing: the date must be specific and cannot be more than five filing.) TURE: Lature of a member or an authorized representative of a member of with section 608.408(3), Florida Statutes, the execution of this of	e business days per ler. document rein are true, ent of State
CLE V: Effective date, effective date is listed, 0 days after the date of REQUIRED SIGNA Sign (In accordance constitutes a I am aware t constitutes a	if other than the date of filing: the date must be specific and cannot be more than five filing.) TURE: Authorized representative of a membrature of perjury that the facts stated her hat any false information submitted in a document to the Department.	e business days per.

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)

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