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B. BOSTICK

DEC 1 6 2013

FX/N 1

(850) 245-6051.
COVER LETTER **.
TO: Registration Section
Division of Corporations
SUBJECT: John's Dry wall L.L.C. 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:
John Brenkritz.
Name of Person
Dohn's Daywell L.L.C.
69 Medow R. Ngel RJ
Address
Contordule FL. 32327 =
City/State and Zip Code
Dresky to John Stor Est me 6100m
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (6/5) 809-9133 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
© \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1	-	Name:		
	_				

The name of the Limited Liability Company is:

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:
69 Meadow Ridge Rd.	69 Mandon Riberto
Comporavitle, EC. 9337	

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:

Name

69 Meador Ridge Dr.

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

Creating will FL. 32327

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.

Registered Agent's Signature (REQUIRED

(CONTINUED)

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

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

John Breakes J.	
69 Mendo - R. JeDr.	
Crafordulle, FL 32127	
	<u></u>
	3 3 5
. •	5 1
date of filing: (OPTIONAL be specific and cannot be more than five business	
	69 Meado ~ R. JsePr. Crafor Julle, FL 32327 Bate of filing:

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.)

John Branky, J-Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Cortified Copy (Optional)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)