

1/22/2014

**L14000011926**

Florida Department of State  
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Email Address: camirelise@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
DB Drywall LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DB 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:7087 Thistlebrook Lane  
Brooksville, FL 346027087 Thistlebrook Lane  
Brooksville, FL 34602

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Lise Camire

Name

7087 Thistlebrook LaneFlorida street address (P.O. Box NOT acceptable)BrooksvilleFL 34602

City

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 605, F.S..*

Lise Camire

Registered Agent's Signature (REQUIRED)

Lise Camire

(CONTINUED)

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**ARTICLE IV-**

**Title:**

"MGR" = Manager

AMBR

**David Burke**

7087 Thistlebrook Lane

Brooksville, FL 34602

**AMBR**

**Lise Camire**

7087 Thistlebrook Lane

Brooksville, FL 34602

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

**ARTICLE VI:** Other provisions, if any.

David Burke

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 Burke**

Typed or printed name of signee

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