## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000272679 3)))



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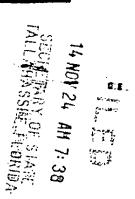
Therefore the email address for this business entity to be used for future mannual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.

McInnis Sheetrock LLC

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



H14000272679

	McInnis Sh	eetrock LLC
	(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		oal office of the Limited Liability Company is:
Principal Office A	ddress: <u>M</u>	failing Address:
1320 McClellan	Avenue	1320 McClellan Avenue
Port St. Joe, FL  ARTICLE III - Re The Limited Liabil mother business er	egistered Agent, Registered Offity Company cannot serve as its nitty with an active Florida regist	·
Port St. Joe, FL  ARTICLE III - Re The Limited Liabil mother business er	egistered Agent, Registered Offitive Company cannot serve as its	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual.)
Port St. Joe, FL  ARTICLE III - Re The Limited Liabil mother business er	egistered Agent, Registered Off lity Company cannot serve as its nity with an active Florida regist florida street address of the regis James J. McInnis	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual.)
Port St. Joe, FL  ARTICLE III - Re The Limited Liabil mother business er	egistered Agent, Registered Off lity Company cannot serve as its nity with an active Florida regist florida street address of the regis James J. McInnis	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual.) cred agent are:
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y at ıce

Registered Agent's Signature (REQUIRED)

James J. McInnis

(CONTINUED)

Page 1 of 2

H14000272679

Title: "AMBR" ≈ Authorized Member "MGR" = Manager MGR	Name and Address:  James J. McInnis  1320 McClellan Avenue	
"MGR" = Manager		
MGR		
	Port St. Joe, FL 32456	<del></del>
		<del></del>
<del></del>		
(Use attachment if necessary)		
REQUIRED SIGNATURE:	Λ Λ Γ	
	15) t 10 n 11 '	
A and or	I Melan	,
- Ammo	The Man authorized representative of a	member
Signature of Amember	oran authorized representative of a 203 (1) (b), Florida Statutes, the execut	tion of this document
Signature of Amember (In accordance with section 605.0) constitutes an affirmation under t	203 (1) (b), Florida Statutes, the execut he penalties of perjury that the facts sta	tion of this document ted herein are true.
Signature of Member (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information and the section was the section of the section with the section of the section was the section with the section with the section with the section was the section with th	203 (1) (b), Florida Statutes, the executhe penalties of perjury that the facts station submitted in a document to the De	tion of this document ted herein are true.
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