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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Central Florida Drywall + Trim, LLC 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:
George J. Butter Name of Person
Manager / Self Firm/Company
6 P.O. BOX 436 Address
Zephymills, F1, 33539 City/State and Zip Code +ngbuHer3D@yahoo, Com E-mail address: (to be used for filtere annual report notification)
For further information concerning this matter, please call:
George Butler at (352) 807-3811 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

	1347 Em	rerald Drive	$\frac{\rho}{700}$	U, BUX 430 ahurhills EP 33530	<u> </u>
_ <u>K</u>	agentas		<u> </u>	Sigrats Fi-2005	/
(The Limited I.	iability Company	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	egistered Agent. \	t's Signature: /ou must designate an individual or	
The name and	the Florida street a	address of the registered a	gent are; 5 BUH Name	er	
		Florida street address (P.O. Box NOT ac	Drive cceptable)	
		Kinge II Vur	State	<u> </u>	

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 l

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Mailing Address:

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MCR	Cleorge Butter P.O. Box 4310 Zephyrhills, Fl. 33539
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be speadate of filing.)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be sp date of filing.) te: If the date inserted in this block does not a document's effective date on the Department TICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.) ote: If the date inserted in this block does not recomment's effective date on the Department effective. Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed to of State's records.
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be special date of filing.) ote: If the date inserted in this block does not reduce document's effective date on the Department education. RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a method of the document is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed of State's records. The state of a member of an authorized representative of a member of a me
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be special date of filing.) ote: If the date inserted in this block does not reduce document's effective date on the Department education. RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a method of the document is executed an aware that any false constitutes a third degree.	ember of an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida Statutes. ited in accordance with section 605.0203 (1) (b) Plorida Statutes. ited in accordance with section 605.0203 (1) (b) Plorida Statutes.

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ARTICLE IV-

Central Florida Drywall + Trim LC.
4. George Butler
P.D. BOX 436
Zephyrhills Fl. 33539
352-807-3811