# M04000004771

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |
|---|
| (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL  |
| (City/State/Zip/Phone #)  |
| (City/State/Zip/Phone #)  |
| PICK-UP WAIT MAIL   |
| PICK-UP WAIT MAIL   |
|   |
| (Business Entity Name)  |
| (Business Entity Name)  |
|   |
|   |
| (Document Number)   |
| Cartification of Status   |
| Certified Copies Certificates of Status   |
| Special Instructions to Filing Officer:   |
| Special instructions to Filing Officer.   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



400079131934

08/28/06--01042--007 \*\*125.00

2006 NUG 28 PM 12: 34 SECRETARY EF 31/4/16

Md al

#### GAGGINI & ASSOCIATES, P.A.

GERALD GAGGINT

318 SOUTH STATE STREET JACKSON, MS 39201 (601) 981-9221 - PHONE (601) 981-9958 - FAX

August 24, 2006

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

RE: Mississippi Drywall Contractors, LLC

Dear Sir,

Enclosed find the Cover Letter, Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Agent; Certificate of Good Standing and a check for \$125.00 for filing fees. Please mail a letter of acknowledgment to the above address.

Thank you for your assistance.

Sincerely.

Carole Richardson

Paralegal to Jerry Gaggini

#### **COVER LETTER**

TO: Registration Section

| Division of Corporations   |  |                      |
|--|--|----------------------|
| SUBJECT: Mississippi Drywall Contractors   | , LLC  |                      |
| · · · · · · · · · · · · · · · · · · ·  | nited Liability Company)   | -                    |
| The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida |  |                      |
| Please return all correspondence concerning this n   | natter to the following:   |                      |
| Gerald Gaggini   |  | منسييي ج<br>دهسيبي ج |
|  | ame of Person)   | 70 PM 12: 31         |
| Gaggini & Associates, P.A.   |  | ည<br>သ               |
|  | rm/Company)  | F                    |
| 318 South State Street  Jackson, MS 39208  | (Address)  |                      |
|  | ate and Zip Code)  | -                    |
| For further information concerning this matter, ple  | •  |                      |
| Gerald Gaggini   | at (_601)_981-9221   |                      |
| (Name of Person)   | (Area Code & Daytime Telephone Number)   | ļ                    |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                      |
| Enclosed is a check for the following amount:  ■\$125.00 Filing Fee  \$130.00 Filing Fee &  Certificate of   | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Cert  |                      |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Mississippi Drywall Contractors, LLC  |   |
|--|---|
| (Name of Foreign Limited Liability Comp  | pany)   |
| 2. Mississippi 3. 20-5250  |   |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | ( FEI number, if applicable)                                |
| 4. July 24, 2006 <sub>5.</sub> Perpet  | rual  |
| (Date of Organization) (Duration   | n: Year limited liability company will cease to perpetual") |
| 6.   | F   |
| (Date first transacted business in Florida, if prior   | to registration.)   |
| (See sections 608.501 & 608.502 F.S. to determine  | penalty hability)   |
| 7. 318 South State Street  | 3 % J   |
| Jackson, MS 39201  | AHAS  |
| (Street Address of Principal C   | 7.5   |
| 8. If limited liability company is a manager-managed company, o  |   |
|  |   |
| 9. The name and usual business addresses of the managing members.  | bers or managers are as follows:                            |
| Yolanda Trevino, 318 South State Street, Jackson, MS   | 39201   |
|  |   |
|  |   |
|  |   |
| 10. Attached in an arininal andiffrate of anistance up many from 00 days al. I. I. I.  |   |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly a<br>the jurisdiction under the law of which it is organized. (A photocopy is not accepta |   |
| ranslation of the certificate under oath of the translator must be submitted.)   |   |
| 11. Nature of business or purposes to be conducted or promoted i   | :- Bloode. Sheetrock Sub-Contractors                        |
| 11. Nature of business of purposes to be conducted or promoted i   | m Florida: Checatest eds Contacters                         |
|  | •   |
| 1 lohnah tina  |   |
| Signature of a member of an authorized rep   | presentative of a member.                                   |
| (In accordance with section 608.408(3), F.S., the execution an affirmation under the penalties of perjury that the fact  | on of this document constitutes                             |
| Yolanda Treveno  | o out on the tidely   |

Typed or printed name of signee

BELL FLECHAS GAGGINI

2004

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:                                   |          |               |
|--|----------|---------------|
| Mississippi Drywall Contractors, LLC   | 700 B    | •             |
| 2. The name and the Florida street address of the registered agent and office are: | 6 AUG 28 |               |
| Roby Law Firm  | 1-13-1-  | Early Service |
| (Namo)   | PHIS:    | -             |
| 831 West Morse Blvd  | وي الم   |               |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | -        |               |
| Winter Park, FL 32789  | _        |               |
| City/State/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 cartificate, 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

# State of Mississippi

### Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

MISSISSIPPI DRYWALL CONTRACTORS, LLC

Formed July 24, 2006

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

318 SOUTH STATE STREET JACKSON MS 39201

and that the registered agent at that address is:

GAGGINI, GERALD

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SELECTION OF THE PARTY OF THE P

Given under my hand and seal of office August 17, 2006

Eric Clark

ERIC CLARK Secretary of State

Certification Number: 8190401-1 Page 1 of 1 Reference: fs Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify