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TO: New Filing Section Division of Corporations
SUBJECT: Miguel Santos DryWall 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:
Leticia Bernabe Tomas Name of Person
Firm/Company
516 Belcher Circle
Cairo, Ga. 39827 City/State and Zip Code Lety bernabe 76 Ogmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Leticia Bernabe at (229) 529-4114 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

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TICLE 1 - Name: - name of the Limited Liability Company is:
Miquel Santos Dry Wall LLC (Must contain the words "Limited Liability Company, "L. E.C.," or "LLC.")
TICLE II - Address: mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Slb Belcher Civile 516 Beicher Circle Cairo, Ga 39827
TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: le Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)
2 name and the Florida street address of the registered agent are:
Jeff Deboze
214 Street Southeast & Florida street address (P.O. Box NOT acceptable)
Havana Florida 32333
City State Zip
ing been named as registered agent and to accept service of process for the above stated limited liability company in the content of the designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I here agree to comply with the provisions of all statutes relating to the proper and complete performance of my duffest and the familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.
Teff Deboze
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE	1	V	
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Tota Debore	
AMBR)-C. (
	Flavana, Florida 32333	
	FIAO ANA ITIBUTURE	
(Use attachment if necessary)		
a new extension from the definition than the	ate of filing: (OPTIONAL)	
ARTICLE V: Effective date, if other than the date	specific and cannot be more than five business days prior to or 90 day	s after
Note: If the date inserted in this block does no	at meet the applicable statutory filing requirements, this date will not be	listed as
the document's effective date on the Departme	nt of State's records.	
ARTICLE VI: Other provisions, if any.		
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REQUIRED SIGNATURE:	JAN JAN HALL	71
leticia Bern	he Tomus	
£! # # #	mambar or an authorized representative of a Hember.	
This document is exc	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
I am aware that any is	gree felony as provided for in s.817.155, F.S.	Ú
Leticin	Bernable Tomas Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)