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(Requestor's Name)				
(Addre	ss)			
(Addre	ss)			
(City/State/Zip/Phone #)				
PICK-UP	TIAW	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filin	g Officer:			
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Office Use Only





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TRANSMITTAL LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Pierce Custom Carpentry	LLC	
(Name	e of Limited Liability Company)	
The enclosed Articles of Organization and f	fee(s) are submitted for filing.	
Please return all co	errespondence concerning this matter to the following:	
Randy Joe Pierce		
	(Name of Person)	-
	(Firm/Company)	
14900 SW 24th Place		
	(Address)	
A 1 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		O3 DE
Ocala, FL 34481		. 吊剪
	(City/State and Zip Code)	
For further information concerning this mat	iter, please call:	RY OF SIVE
Randy Joe Pierce	at (352) 266-5623	3: 07
(Name of Person)	(Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Pierce Custom Carpentry LLC		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Randy Joe Pierce	Randy Joe Pierce	
14900 SW 24th Place	14900 SW 24th Place	
Ocala, FL 34481	Ocala, FL 34481	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	registered agent are:	
Randy Joe Pierce Name		
Name	3: 07 OF	
14900 SW 24th Place		
Florida street address (P.	O. Box <u>NOT</u> acceptable)	
Ocala City, State,	FLORIDA 34481	

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Randy Joe Pierce		
-	14900 SW 24th Place		•
	Ocala, FL 34481		
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(Use attachment if necessary)		- 3	<u> </u>
		93 DEC	
		9	55. 55.
NOTE: An additional article must be	added if an effective date is requested.	PM 3: 07	395
REQUIRED SIGNATURE:		ယ္	蹈
Signature of a member of an au	thorized representative of a member.	07	ONS
(In accordance with section 608.4	108(3), Florida Statutes, the execution Firmation under the penalties of perjury		
Dan Jan I Dinan			

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee