

L04000042632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

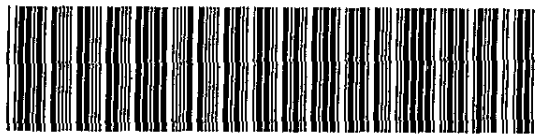
(Business Entity Name)

(Document Number)

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04 JUN - 7 AM 8:51

06/08/04

50

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MATT PIERSON TRIMWORK 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:

MATTHEW PIERSON W04-20922  
(Name of Person)

MATT PIERSON TRIMWORK LLC  
(Firm/Company)

4223 CRICKET HOLLOW COVE  
(Address)

CASSELBERRY, FL 32707  
(City/State and Zip Code)

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For further information concerning this matter, please call:

MATT PIERSON at ( 407 ) 695-6924  
(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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 26, 2004

MATTHEW PIERSON  
4223 CRICKET HOLLOW COVE  
CASSELBERRY, FL 32707

SUBJECT: DONALD BLOOM CUTTING EDGE TRIM WORKS LLC  
Ref. Number: W04000020322

We have received your document for DONALD BLOOM CUTTING EDGE TRIM WORKS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please also note: your cover letter refers to a different name than is shown on your document. Please be sure that the name in Article I appears exactly as you would like it to be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 504A00036738

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

~~4223 Cricket Hollow Cove LLC~~ Matt Pierson Timwork LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4223 CRICKET HOLLOW COVE

CASSELBERRY, FL 32707

**Mailing Address:**

4223 CRICKET HOLLOW COVE

CASSELBERRY, FL 32707

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

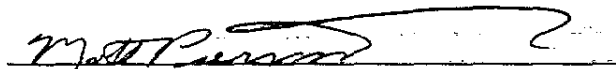
Matthew Pierson  
Name

4223 Cricket Hollow Cove  
Florida street address (P.O. Box **NOT** acceptable)

Casselberry FLORIDA 32707  
City, State, and Zip

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*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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MATTHEW PIERSON

4223 CRICKET HOLLOW COVE

CASSELBERRY, FL 32707

MGRM

DANA PIERSON

4223 CRICKET HOLLOW COVE

CASSELBERRY, FL 32707

(Use attachment if necessary)

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**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MATTHEW PIERSON

Typed or printed name of signee

**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)