

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

Office Use Only



400056596574

07/12/05--01009--016 **70.00 07/12/05--01009--017 **50.00 07/12/05--01003--018 **5.00

M. HODGES

TO JUL 12 PH 12: U

05 JUL 12 PH 12: 52

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
DANIEL		1.0	
SUBJECT: DANIEL	MARTINEZ CARPENTRY, I (Name of Limite	d Liability Company)	
	•		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
DANIEL	MARTINEZ	-	
	a	Name of Person)	····
		70	
	(.	Fîrm/Company)	
DO DOV 90	4		
PO BOX 86	4	(Address)	
		(
OLUA	ICY FL 32351		
		State and Zip Code)	
For further information	concerning this matter, please	call:	
Name	of Person)	at ()(Area Code & Daytime Te	lenhone Number)
(. 14	01.1 0 .000/	(The code at Day (Into Te	iophone rumoer)
Enclosed is a check for	r the following amount:		
Ø \$125.00 Filing Fee	S130.00 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)
			(additional copy is enclosed)
	ET ADDRESS:	MAILING A	
	ration Section on of Corporations	Registration Se	
	on of Corporations Gaines Street	Division of Co P.O. Box 6327	
	assee, Florida 32399	Tallahassee, F.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DANIEL MARTINEZ CARPENTRY, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PO BOX 864 QUINCY FL 32351	SAME
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
DANIEL MARTINEZ	
Name	
5680 BLOUNTSTOWN HWY #	£ C20
Florida street add	ress (P.O. Box NOT acceptable)
TALLAHASSEE	FL 32304
City, State, a	nd Zip
Having been named as registered agent and to	accept service of process for the above stated limited

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, F.S..

Panier Martinez Voicquez

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

OS JUL 12 PM 12: 52
SECRE JARY OF STAIL
AND ASSET FINDRING

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM _	DANIEL MARTINEZ
	PO BOX 864
	QUINCY FL 32351
	100.000
	ere en la
	-
Use attachment if necessary)	,
NOTE: An additional article must	be added if an effective date is requested.
	be added if an effective date is requested.
	be added if an effective date is requested.
	be added if an effective date is requested.
REQUIRED SIGNATÜRE:	Wines Vergue 7
REQUIRED SIGNATÜRE:	
REQUIRED SIGNATURE: Paralle Management of a member (In accordance with see	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Daniel Ma Signature of a member (In accordance with see of this document const that the facts stated here.)	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Daic Ma Signature of a member of this document const that the facts stated by the second const that the second const the second const that the second const that the second const t	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)
REQUIRED SIGNATURE: Date Management of a member of this document const that the facts stated here. Ty Filing Fees:	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.) Machine 2 ped or printed name of signee
REQUIRED SIGNATURE: Date of a member of this document const that the facts stated by Ty	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.) Machine 2 ped or printed name of signee
REQUIRED SIGNATURE: Dawler Mac Signature of a member	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.) Magazine Magazine Magazine Designation