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Special Instructions to Filir	ng Officer:	
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SECRETARY OF STATE
ORION

C. LEWIS FEB 1 7 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All Angles Carpenty 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:
Nicholas Naudihor
All Angles Carpentry LLC
3372 Webber St
Sarasota Fl 34239 City/State and Zip Code
nicknaydihor@verizon.net E-mail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Nicholas Maydihor at (941) 323-4127 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee & \text{Certified Copy} & \text
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
All Angles Car (Must end with the words "Limited Liabil	by Company," "L.IJC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3372 Webber St Sarasota Fl 34239	3372 Webber St. Sarasota Fi 34231
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r Nicholas Name 3312 Web Florida street address (P.O.	ber St Box NOT acceptable) 24039
City, State, a: Having been named as registered agent and to a	

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

FILED

F994 1 1 1 0 1	aging Member(s): 2010 FEB 16 PM 12:
The name and address of each Manage	er or Managing Member is as follows: SECRETARY DE STA TALLAHASSEE, FLOI
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Nicholas Naydihor 3372 Webberst Sarasota Fl 34239
(Use attachment if necessary)	
ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior
effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sections)	r or an authorized representative of a member. Stion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here	r or an authorized representative of a member. Stion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Page 2 of 2

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