

203 0000 48972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

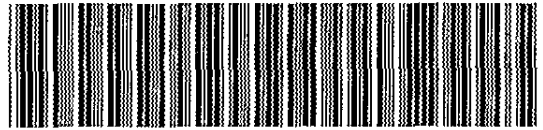
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Office Use Only

*Handwritten signature*



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

15 Nov. 2003

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

To whom it may concern:

The following is contact information for William A. Foley as requested.

William A. Foley  
2955 Lett Lane  
Malabar, Florida 32950

Mailing Address:  
P.O Box 542  
Melbourne, Florida 32902

Home office: 321-733-5411

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** William Foley Fine Woodworking 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:

William A. Foley  
(Name of Person)

William Foley Fine Woodworking LLC  
(Firm/Company)

2955 Lett Lane  
(Address)

Malabar, Florida 32950  
(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Foley at ( 321 ) 733-5411  
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

\_\_\_\_\_  
William Foley Fine Woodworking LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

\_\_\_\_\_  
2955 Lett Lane

\_\_\_\_\_  
Malabar, Florida 32950

**Mailing Address:**

\_\_\_\_\_  
P.O. Box 542

\_\_\_\_\_  
Melbourne, Florida 32902

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

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

\_\_\_\_\_  
William A. Foley

Name

\_\_\_\_\_  
2955 Lett Lane

Florida street address (P.O. Box **NOT** acceptable)

\_\_\_\_\_  
Malabar FLORIDA 32950

City, State, and Zip

*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

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TALLAHASSEE, FLORIDA

**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:**

MGR

William A. Foley

2955 Lett Lane

Malabar, Florida 32950

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

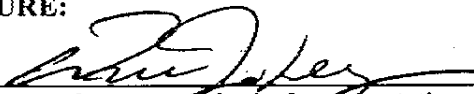
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**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.)

William A. Foley  
\_\_\_\_\_  
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)