

L03000053808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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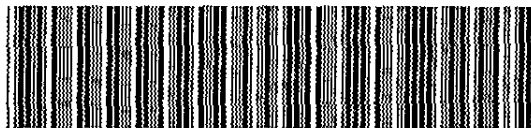
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 18 2003

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RANDALL AHLWEDE CARPENTRY  
(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:

RANDALL AHLWEDE  
(Name of Person)

RANDALL AHLWEDE CARPENTRY  
(Firm/Company)

1289 BOLTON RD  
(Address)

NEW SMYRNA BEACH, FL 32168  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

RANDALL AHLWEDE at ( 386 ) 428-3693  
(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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

RANDALL AHLSEWEDE CARPENTRY LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1289 BOLTON RD

\_\_\_\_\_

NEW SMYRNA BEACH

SAME

FLORIDA 32168

\_\_\_\_\_

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

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

RANDALL AHLSEWEDE  
Name

1289 BOLTON RD  
Florida street address (P.O. Box **NOT** acceptable)

NEW SMYRNA BEACH FLORIDA 32168  
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..*

Randall Ahlswede  
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

RANDALL AHLSENE  
1288 BOLTON RD  
NEW SMYRNA BEACH, FL 32168

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Randall Ahlsene  
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.)

RANDALL AHLSENE  
Typed or printed name of signer

**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)