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(Re	questor's	Name)		
(Ac	dress)			-
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(Cit	ty/State/Z	ip/Phone :	#)	_
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(Ви	isiness Er	ntity Name	e)	
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TRANSMITTAL LETTER

	tration Section ion of Corporations	-1-2-				
SUBJECT: 5	SHIRLEY'S CARPENTRY, LI	LC	•.			
		Limited Liability Con	ipany)			_
The enclosed A	Articles of Organization and fee(s) Please return all corresp	•	ing. this matter to the following:			
	ROY SHIRLEY					
		(Name of Person)		·		•
	ROY SHIRLEY					
		(Firm/Company)				
	8822 JEFFERY RD					
		(Address)				
	SOUTHPORT, FL. 32409					
		(City/State and Zip Co	de)			
For further information concerning this matter, please call:			14. 1351	031		
ROY SHIRLE	EY	at (850	277-0449		DEC .	1
	(Name of Person)	(Area Coo	le & Daytime Telephone Number)	() "	8	-
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R D 40	FREET ADDRESS: egistration Section ivision of Corporations 09 E. Gaines Street	 .	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		. <u></u> ;	
Į.	allahassee, Florida 32399		tallanassee, Plonda 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SHIRLEY'S CARPENTRY, LLC	
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8822 JEFFERY RD.	8822 JEFFERY RD.
SOUTHPORT, FL. 32409	SOUTHPORT, FL. 32409
ARTICLE III - Registered Agent, Registered Offi	ice. & Registered Agent's Signature:
The name and the Florida street address of the registe	
ROY SHIRLEY	
Name	= 3
8822 JEFFERY RD.	
Florida street address (P.O. Box	NOI acceptable)
	FLORIDA 32409
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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			-
MGR	ROY SHIRLEY			
	8822 JEFFERY RD			
	SOUTHPORT, FL. 32409			
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NOTE: An additional article must be a	added if an effective date is requested.		ထ	-
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REQUIRED SIGNATURE:		<u> </u>	圣	Ö
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Jay Mill		36	00	
Signature of a mémber or an au	horized representative of a member.	7>		
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	08(3), Florida Statutes, the execution firmation under the penalties of perjury			
ROY SHIRLEY				
	ted 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)