U0400007350

(Requestor's Name)				
James Wood 1830 Beadie Cir. Lake City, FL 32025				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duality Mark)				
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

TO: Reg	ristration Section		
Div	ision of Corporations		
SUBJECT:	Jim's Trim & Cabinets LLC		
	(Name of Limiter	I Liability Compa	ny)
The enclosed	I Articles of Organization and fee(s) are so	abmitted for filing	
	Please return all corresponden	ce concerning this	s matter to the following:
	James E. Wood		
	(P	lame of Person)	
	Jim's Trim & Cabinets LLC		
		irm/Company)	
1830	Beadie Circle		
		(Address)	
	Lake City Florida 32025		
	(City/	State and Zip Code)	
For further in	nformation concerning this matter, please	call:	
James Woo	od	at (386)	758-4260
	(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

The name of the	ame: Limited Liability Com	pany is:	
Jim"s Trim & Ca	abinets LLC		<u></u>
ARTICLE II - A The mailing addr		of the principal office of the Limited Liability Compa	any is:
Principal Office Address: 1830 Beadie Circle		Mailing Address:	
		1830 Beadie Circle	
Lake City Florida 32025		Lake City Florida 32025	
	e Florida street address James Wood 1830 Beadie Circle	egistered Office, & Registered Agent's Signature: s of the registered agent are: Name Name ddress (P.O. Box NOT acceptable)	FILED 04 JAN 20 AH 8: 53
	rionda succi ac	mices (r.o. novinos acceptante)	
	Lake City	FLORIDA 32025	
	Ci	ity, 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	Name and Address:		
"MGRM" = Managing Member			
MGR	James Wood		
	1830 Beadie Circle		
	Lake City Florida 32025		
(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 penaltics of perjury that the facts stated herein are true.)

James Wood

Typed or printed name of signee

Flling 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)