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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Mark Garvey Carpentry, Ltd

(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:

Mark Garvey

(Name of Person)

Mark Garvey Carpentry

(Firm/Company)

557 Willow Walk Place,

(Address)

St. Augustine, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Garvey

(Name of Person)

904 <u>794-1772</u> (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





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 8, 2004

MARK GARVEY MARK GARVEY CARPENTRY 557 WILLOW WALK PLACE ST. AUGUSTINE, FL 32086

SUBJECT: MARK GARVEY CARPENTRY, LTD. Ref. Number: W0400000995

We have received your document for MARK GARVEY CARPENTRY, LTD. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 004A00001368

ALLANIASSER PH I.S.S.S.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** The name of the Limited Liability Company is:

Mark Garvey Carpentry, Ltd Co.

## **ARTICLE II - Address:**

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

Principal Office Address:

557 Willow Walk Place

St. Augustine, FL 32086

### Mailing Address:

557 Willow Walk Place

St. Augustine, FL 32086

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Mark Garvey

Name

557 Willow Walk Place

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

St. Augustine, FL 32086 FLORIDA 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	Name and Address:	ALCA CALL
"MGRM" = Managing Member MGR	Mark Garvey 557 Willow Walk Place St. Augustine, FL 32086	
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(Use attachment if necessary)		······································

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

**REQUIRED SIGNATURE:** 

2 in ~

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.)

ARIL E. GARNEY 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)**