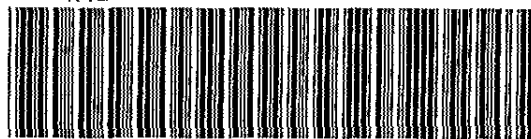


L04000012609

04 FEB -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500027998775

02/05/04--01040--006 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEE CARPENTER LLC
(Name of Limited Liability Company)

FILED
04 FEB -5 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEE R. CARPENTER
(Name of Person)

LEE CARPENTER LLC
(Firm/Company)

18 BARU RD
(Address)

ST. Augustine FL 32080-5314
(City/State and Zip Code)

For further information concerning this matter, please call:

LEE CARPENTER at (904) 808-8344
(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

FILED
04 FEB -5 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEE CARPENTER LLC

ARTICLE II - Address:

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

Principal Office Address:

18 BARU Rd
ST Augustine
FL 32080-5314

Mailing Address:

Same
18 BARU Rd
ST. Augustine, FL 32080-5314

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

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

LEE R. CARPENTER
Name

18 BARU Rd
Florida street address (P.O. Box NOT acceptable)

ST. Augustine FLORIDA 32080-5314
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..

Lee R Carpenter
Registered Agent's Signature

FILED

04 FEB -5 AM 11:02

SECRETARY OF STATE
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

LEE R. CARPENTER

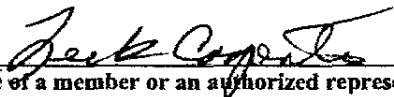
18 BARU Rd

ST. Augustine, FL 32080-5314

(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.)

LEE R CARPENTER

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)