

L04000025456

(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:

Office Use Only



400030927374

05/26/04--01077--005 **130.00

EFFECTIVE DATE
3-25-04

05/26/04 11:23

05/26/04 11:23

05/26/04 11:23

Handwritten signature/initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLIE DARBY CARPENTRY, LLC
(Name of Limited Liability Company)

EFFECTIVE DATE

3-25-04

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

Please return all correspondence concerning this matter to the following:

CHARLIE DARBY

(Name of Person)

CHARLIE DARBY CARPENTRY, LLC

(Firm/Company)

6423 HWY 189 N.

(Address)

BAKER, FL 32531

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLIE DARBY

(Name of Person)

at (850)

537-4710

(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
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

01 MAR 26 AM 11:28

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLIE DARBY CARPENTRY, LLC

EFFECTIVE DATE

3-25-04

ARTICLE II - Address:

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

Principal Office Address:

6423 HWY 189 N.

BAKER, FLORIDA 32531

Mailing Address:

6423 HWY 189 N.

BAKER, FLORIDA 32531

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

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

CHARLIE DARBY

Name

6423 HWY 189 N.

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

BAKER

FLORIDA 32531

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..

Charlie Darby

Registered Agent's Signature

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"

CHARLIE DARBY

6423 HWY 189 N.

BAKER, FL 32531

(Use attachment if necessary)

ARTICE V: EFFECTIVE DATE: MARCH 25, 2004

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.)

CHARLIE DARBY
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)