## L04000028614

(Requestor's Name)
(Address)
(Address)
(1881-355)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PłCK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
,
Online to the contract of the
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000032586210

04/15/04--01001--015 \*\*250.00

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

IL APR | L PIL LIZZ

RECEIVED



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fair Cloth's Franciag - N- Deck's LLC (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:
Justin Fair Cloth (Name of Person)
Fair Cloth's Framing - N-Decks (Firm/Company)
P.D. Drawer B (Address)
Groensbro FL 32330 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  Tallahassee, Florida 32399  Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO ARTICLE I - Name: The name of the Limited Liability Company is: Fair cloth's Framing -N- Decks ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Jawaha Ciccle ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable)

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, F.S..

Registered Agent's Signature

(CONTINUED)

## 'ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager of Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

Filing Fees:

Typed or printed name of signee

\$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)

that the facts stated herein are true.)