

LD4 0000 39896

(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



300036258593

05/21/04--01076--006 **160.00

FILED
04 MAY 21 PM 2:08
TALLAHASSEE, FLORIDA

5/26/04
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scrap-It-Up 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:

Ruth Gray
(Name of Person)

Wade Wilson, C.P.A., P.A.
(Firm/Company)

1601 W. Garden Street
(Address)

Pensacola, FL 32501
(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

04 MAY 21 PM 2:08

FILED

For further information concerning this matter, please call:

Ruth Gray at (850) 438-1122
(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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Scrap-It-Up, L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

815 Tara Circle
Cantonment, FL 32533

Mailing Address:

815 Tara Circle
Cantonment, FL 32533

ARTICLE III – Registered Agent, Registered Office, & Registered Agent

Signature:

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

Treva D. Carlson
Name
815 Tara Circle
Florida Street Address

Cantonment, FL 32533
City, State, and Zip Code

FILED
04 MAY 21 PM 2:08
TALLAHASSEE, FLORIDA

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..

Treva D Carlson

Registered Agent's Signature

(CONTINUED)

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

MGR

Name and Address:

Treva D Carlson

815 Tara Circle

Cantonment, FL 32533

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.)

Treva D Carlson

Name of Signee

FILED
04 MAY 21 PM 2:08
TALLAHASSEE, FLORIDA