

L04000041453

(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:

Name
Availability

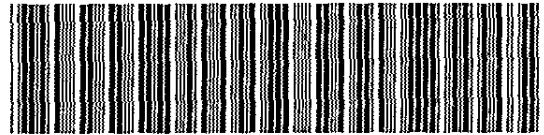
Document
Examiner

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P. Verifier DCC



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05/27/04--01040--010 **51.25

05/03/04--01072--011 **78.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY 27 P 3:37

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W04-18528

FLORIDA DEPT OF STATE
ATTN: LORIA POOLE
DOCUMENT SPECIALIST
NEW FILINGS SECTION

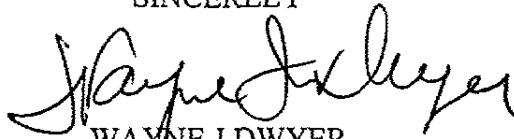
May 20, 2004

DEAR MS. POOLE

AN ERROR WAS MADE IN THE FILING OF THE ARTICLES FOR
"CRAFTSAMANSHIP AT ITS BEST, LLC. I AM SUBMITTING NEW ARTICLES
OF ORGANIZATION AS WELL AS A NEW TRANSMITTAL LETTER. PLEASE
CREDIT MY \$78.75 ALREADY SUBMITTED ALONG WITH A CHECK FOR \$51.25
THAT IS ENCLOSED. THESE MONIES ARE TO COVER THE ADDITIONAL FEES
ALONG WITH A CERTIFICATE OF STATUS.

THANK YOU IN ADVANCE FOR ANY HELP YOU MAY RENDER IN
RESOLVING THIS PROBLEM.

SINCERELY


WAYNE J DWYER

FILED
2004 MAY 27 P 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAFTSMANSHIP AT ITS BEST, 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:

WAYNE J DWYER
(Name of Person)

(Firm/Company)

8225 MONTICELLO DR
(Address)

PENSACOLA, FL 32514
(City/State and Zip Code)

For further information concerning this matter, please call:

WAYNE J DWYER at (850) 485-2939
(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

2004 MAY 27 P 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 13, 2004

WAYNE J. DWYER
8225 MONTICELLO DR.
PENSACOLA, FL 32514

SUBJECT: CRAFTSMANSHIP AT IT'S BEST, LLC
Ref. Number: W04000018522

We have received your document for CRAFTSMANSHIP AT IT'S BEST, LLC. However, the document has not been filed and is being returned for the following:

The suffix LLC is only used when filing a Limited Liability Company.

The corporate name must contain a suffix that will clearly indicate that is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY CO INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 204A00033387

RECEIVED
MAY 27 2004
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRAFTSMANSHIP AT ITS BEST, LLC

ARTICLE II - Address:

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

Principal Office Address:

8225 MONTICELLO DR

PENSACOLA, FL 32514

Mailing Address:

8225 MONTICELLO DR

PENSACOLA, FL 32514

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

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

WAYNE J DWYER

Name

8225 MONTICELLO DR

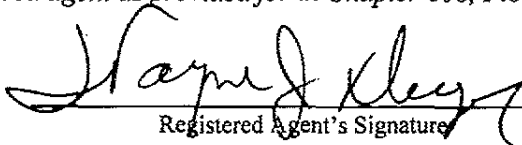
Florida street address (P.O. Box NOT acceptable)

PENSACOLA, FL 32514

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

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

WAYNE J DWYER

8225 MONTICELLO DR

PENSACOLA, FL 32514

(Use attachment if necessary)

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2009 MAY 27 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

WAYNE J DWYER

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)