

L04000048969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

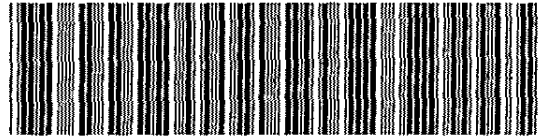
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300038250873

06/28/04--01025--006 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 2:31

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas D Allen Carpentry 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:

Thomas D Allen
(Name of Person)

(Firm/Company)

2310 Eugene st
(Address)

Sarasota FL 34231
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Allen at (941) 924-2997
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 2:31

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas D. Allen Carpentry LLC

ARTICLE II - Address:

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

Principal Office Address:

Thomas D Allen
2310 Eugene st
Sarasota FL 34231

Mailing Address:

Thomas D Allen
2310 Eugene st
Sarasota FL 34231

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

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

Thomas D Allen
Name
2310 Eugene st
Florida street address (P.O. Box **NOT** acceptable)
Sarasota FLORIDA
City, State, and Zip 34231

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 2:28

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..

Thomas D Allen
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:

<u>MGR</u>	<u>Thomas D Allen</u>
	<u>2319 Eugen st</u>
	<u>Sarasota FL 34231</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Thomas D Allen
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.)

Thomas D Allen
Typed or printed name of signee

FILED
04 JUN 28 PM 2:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)