

W4000051729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

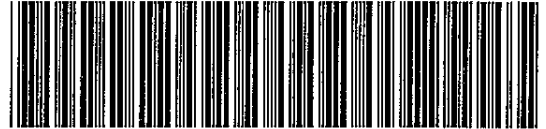
(Business Entity Name)

(Document Number)

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JUL 10 2004
CLERK OF COURT
JUL 10 2004

W4-51729
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE WOOD DESIGNS, 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:

JAMES J. MCDONNELL
(Name of Person)

INNOVATIVE WOOD DESIGNS, LLC
(Firm/Company)

2961 GARRET STREET
(Address)

DELTONA, FLORIDA ~~32557~~
(City/State and Zip Code)

32738

For further information concerning this matter, please call:

JAMES J. MCDONNELL at (386) 789-8330
(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

REC'D
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVATIVE WOOD DESIGNS, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2961 GARRET STREET

DELTONA, FLORIDA 32837

Mailing Address:

2961 GARRET STREET

DELTONA, FLORIDA 32837

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

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

JAMES J. MCDONNELL

Name

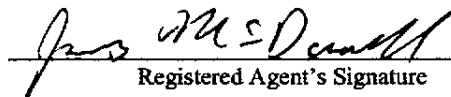
2961 GARRET STREET

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

DELTONA - FLORIDA 32837

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

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STATE
OFFICE
TALLAHASSEE, FLORIDA

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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 _____

JAMES J. MCDONNELL _____

2961 GARRET STREET _____

DELTONA, FLORIDA 32837 _____

(Use attachment if necessary)

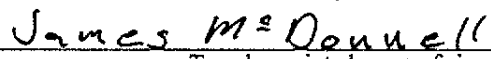
NOTE: An additional article must be added if an effective date is requested.

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 that the facts stated herein are true.)



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)

RECEIVED
JAN 10 2008
CLERK OF DA