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SECRETARY OF STATE
TREASURY

(Requestor's Name)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SUBJECT:

TOP SABLE CARPENTRY
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL PAUL VARNER

(Name of Person)

TOP SABLE CARPENTRY

(Firm/Company)

22801 NW 91 CT. RD.

(Address)

MICANOPY, FLA. 32667

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE VARNER

(Name of Person)

at

(352) 466 4168

(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:

TOP SHELF CARPENTRY LLC

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

22801 NW 91 CT. RD.
MICANOPY, FLA.
ZIP. 32667

Mailing Address:

22801 NW 91 CT. RD.
MICANOPY FLA.
ZIP. 32667

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

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

MICHAEL PAUL VARNER
Name

22801 NW 91 CT. RD.
Florida street address (P.O. Box NOT acceptable)

Micanopy FLORIDA 32667
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..

Michael P. Varner
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:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGB

MICHAEL P. VARNER
22801 NW 91 CT. RD.
MICAWOPY, FLA. 32467

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael P. Varner

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.)

MICHAEL P. VARNER

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)