

L04000064088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

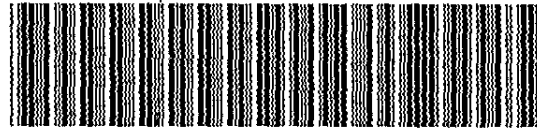
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Examiner	
Updater	Office Use Only
Updater	
Verifier	
Acknowledgement	DOC
W. P. Verifier	DOC



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EFFECTIVE DATE

2/18/04

03/25/04--01025--005 **160.00

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2004 AUG 25 P 2:26
SECRETARY OF STATE
ALLAHACSEITLAW

907 Ponce de Leon Boulevard
St. Augustine, Florida 32084
August 18, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization – Aristocrat Carpentry, LLC

Dear Sir or Madam:

The enclosed Articles of Organization are submitted for filing. Please return all correspondence concerning this matter to the following: Aristocrat Carpentry, LLC, c/o Thomas E. Faust, 907 Ponce de Leon Boulevard, St. Augustine, Florida 32084. For further information concerning this matter, please call Thomas E. Faust at either (904) 540-0159 or (904) 829-8334.

Also enclosed are the following filing fees:

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	\$ 25.00
Certified Copy	\$ 30.00
Certificate of Status	\$ 5.00

Total Fees Submitted:	\$160.00
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Thanking you for your assistance in this matter, I am

Sincerely,

Thomas E. Faust

THOMAS E. FAUST

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
ARISTOCRAT CARPENTRY, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name

The name of the Limited Liability Company is

ARISTOCRAT CARPENTRY, LLC

ARTICLE II: Address

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

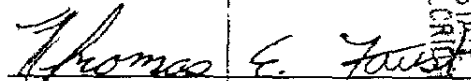
**907 Ponce de Leon Boulevard
St. Augustine, Florida 32084**

ARTICLE III: Registered Agent, Registered Office, & Registered Agents Signature

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

**Thomas E. Faust
907 Ponce de Leon Boulevard
St. Augustine, Florida 32084**

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 E. FAUST
Registered Agent

ARTICLE III: Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

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CLERK OF SUPERIOR COURT
ST. AUGUSTINE, FLORIDA
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Title

"MGR" – Manager

"MGRM" – Managing Member

Name and Address

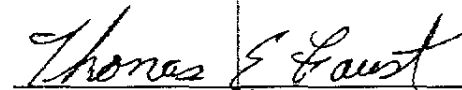
MGR

Thomas E. Faust
907 Ponce de Leon Boulevard
St. Augustine, Florida 32084

ARTICLE IV: Effective Date

The effective date of the creation of this Limited Liability Company shall be August 18, 2004.

REQUIRED SIGNATURE: *(In accordance with §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 E. FAUST

Manager/Member

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ALLAHASSEE, FLORIDA

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