

LO4 000080033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

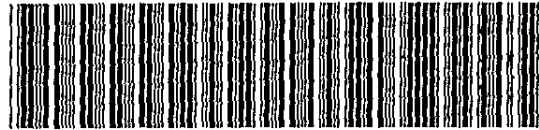
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CORPORATION

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CORPORATION

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LO4-80033  
OK

Allan J. McNeil  
PO Box 683  
21710 Virginia Dr.  
Astor, FL 32102  
352-759-3415

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

To whom it may Concern:  
Enclosed please find Articles of Organization and registration payment for Allan J.  
McNeil to do business as Custom Woodwork L.L.C.

Thank you,

A handwritten signature in cursive script, appearing to read "Susette McNeil".

Susette McNeil

FILED  
JAN 1 2014  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Custom Woodwork L.L.C.  
(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:

Allan J. McNeil  
(Name of Person)

Custom Woodwork L.L.C.  
(Firm/Company)

21710 Virginia Dr. / PO Box 683  
(Address)

Astor, FL 32102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Allan or Susette McNeil at ( 352 ) 759-3415  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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  
TALLAHASSEE, FLORIDA  
JUN 11 1991

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Custom Woodwork L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

21710 Virginia Dr  
Astor, FL 32102

#### Mailing Address:

PO Box 683  
Astor, FL 32102

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

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

Allan J. McNeil

Name

21710 Virginia Dr

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

Astor

FL 32102

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, F.S.*

Allan J. McNeil

Registered Agent's Signature

NOT A STATE  
OFFICE, FLORIDA  
JAN 1 PM 1:57  
CER

(CONTINUED)

**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

Allan J. McNeil

21710 Virginia Dr

Astor, FL 32102

MGRM

Susette McNeil

21710 Virginia Dr

Astor, FL 32102

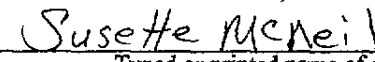
(Use attachment if necessary)

**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:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**