

L04000084174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

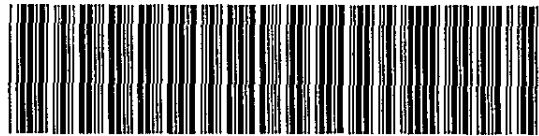
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11/15/04
04 NOV 15 PM 2:05
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CLERK OF COURT

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

Subject: Arthur Muller 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:

Arthur Muller
(Name of Person)

Arthur Muller Carpentry, LLC
(Firm/Company)

528 Goodwin Creek Road
(Address)

Freeport, FL 32439
(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Muller at 315-591-1953
(Name of Person) (Area Code & Daytime Phone 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**

04 NOV 15 PM 2:05

RECEIVED
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Arthur Muller Carpentry, LLC

ARTICLE II – Address:

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

Principal Office Address:

528 Goodwin Creek Road
Freeport, FL 32439

Mailing Address:

PO Box 84
Freeport, FL 32439

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature

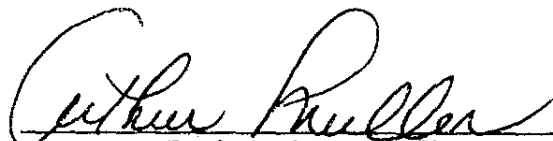
The name and the Florida street address of the registered agent are:

Arthur Muller
Name

528 Goodwin Creek Road
Florida street address (P.O. Box NOT acceptable)

Freeport, FL 32439
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 registered agent as provided for in Chapter 608, Florida Statutes..


Registered Agent's Signature

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SECTION OF

(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

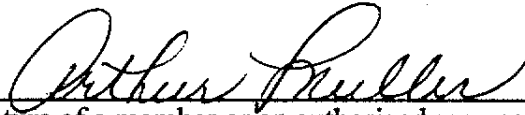
Name and Address:

MGRM

Arthur Muller
528 Goodwin Creek Road
Freeport, FL 32439

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.)

Arthur Muller

Typed or printed name of signee

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STATE OF FLORIDA
DIVISION OF CORPORATIONS