

L04000084637

2004 NOV 16 P 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

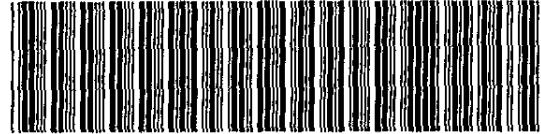
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000042702290

~~VOID~~ Seal

NOV 16 2004 \*\*125.00

FILED

2004 NOV 16 P 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Joe Reynolds Baker  
7471 Skye Dr. North  
Jacksonville, FL 32221  
(904) 693-4307

TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2004 NOV 16 P 3:05

SUBJECT: StraightCut StuccoCutting L.L.C.  
(Name of Limited Liability Company)

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:

Joe R. Baker

(Name of Person)

StraightCut StuccoCutting

(Firm/Company)

7471 Skye Dr. North

(Address)

Jacksonville, FL 32221

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry on Joe Baker at (904) 693-4307

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

StraightCut Stucco Cutting "L.L.C."

2004 NOV 16 P 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

7471 Skye Dr. North  
Jacksonville, FL 32221

Mailing Address:

7471 Skye Dr. North  
Jacksonville, FL 32221

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

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

Joe Reynolds Baker  
Name

7471 Skye Dr. North  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville, FL 32221  
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..*

Joe Baker  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

2004 NOV 16 P 3:05

None "MGRM"

Sherry V. Baker  
7471 Skye Dr. North  
Jacksonville, FL 32221

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

None

None

None

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sherry Baker  
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.)

Sherry Baker  
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)