L05000003071

(1	Requesto	r's Name)	
	Address)		
	Address)		
· ·			
(City/State	/Zip/Phone	÷#)
PICK-UP		WAIT	MAIL
()	Business	Entity Nar	ne)
	Documer	t Number)	<u>, , , , , , , , , , , , , , , , , , , </u>
Certified Copies		Certificates	of Status
Special Instructions	to Filing (Officer:	
ame Vailability			
ocument xaminer	V V V		
Updater	PUN.	ce Use On	ly
Updater Verifyer	DOC		
Acknowledgement	DCC		
IN D Varifier	DCC		•



100042995991

12/27/04--01055--007 **125.00

Juffer &

TRANSMITTAL LETTER

SUBJECT: PLC Custom Carpentry (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:
Philip L. Cecchini (Name of Person)
(Firm/Company)
604 S. Ridgewood Avenue
Ormond Beach, FL 32174 (City/State and Zip Code)
For further information concerning this matter, please call:
Philip L. Cecchini at (386) 566-9296 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

> 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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 3, 2005

PHILIP L. CECCHINI 604 S. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174

SUBJECT: PLC CUSTOM CARPENTRY

Ref. Number: W05000000268

We have received your document for PLC CUSTOM CARPENTRY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 405A00000161

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

arpentra

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

5. Ridgewood AVE.
Florida street address (P.O. Box NOT acceptable)

Ormond Beach FL 3217 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..

(CONTINUED)

<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
mce_	Philip L. Cerchini
	Philip L. Cecchini 1004 S. Ridgewood Aves. Ormand Beach, FL 321
· · · · · · · · · · · · · · · · · · ·	
Jse attachment if necessary)	
	be added if an effective date is requested.
	FC 35
EQUIRED SIGNATURE:	
His P	Card Ser H
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ction 608.408(3), Florida Statutes, the execution
that the facts stated h	nerein are true.)

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)