LOSOCERED/6966

(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: AL

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TRANSMITTAL LETTER

FILED

3:51

TO:	Registration Se Division of Cor			2005 FEB 14 F	o 3:51
~===	LEONAR	D CAUDELL TRIM MORK	P DAINTING LLC	SECRETARY O TALLAHASSEE.	F STATE
SUBJI	CI: TEONAK	D CAUDELL TRIM WORK (Name of Limited	d Liability Company)	TAIL AMASSEC,	1 20,
		,	• • • •		
The en	closed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	1 500105	D CALIDELL			
	LEUNAN	RD CAUDELL	Name of Person)		
			,		
			Firm/Company)	-	
	3/10 AKE	PADGETT DRIVE			
	3410 EARE	TABOLITORIVE	(Address)		
				·	
	LAND	O LAKES, FL 34639			
			State and Zip Code)		
For fur	ther information	concerning this matter, please	call:		
LODI	OF INAC		. 949 . 996-1661		
LORI	GELINAS (Name	of Person)	at (813) 996-1661 (Area Code & Daytime T	'elephone Number)	
	•	,	`	•	
Enclos	sed is a check fo	or the following amount:			
☐ \$12:	5.00 Filing Fee	7 \$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

2005 FEB 14 P 3: 51

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LEONARD CAUDELL TRIM WORK & PAINTING, LLC

ARTICLE II - Address:

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

Principal Office Address: Mailing Address: 3410 LAKE PADGETT DR LAND O LAKES, FL 34639

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

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

LORI GELINAS Name 3043 GULFWIND DR Florida street address (P.O. Box NOT acceptable) LAND O LAKES, FL 34639

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)

Page 1 of 2

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

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

Title:	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		2005 FEB 14 P 3: 51
PRESIDENT	LEONARD CAUDELL 3410 LAKE PADGETT DR LAND O LAKES, FL 34639	SECRETARY OF STATE TALLAHASSEE, FLORIDA
:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	e e e	•
NOTE: An additional article must	t be added if an effective date is re	quested.
REQUIRED SIGNATURE:		
	0 - 610	

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.)

LEONBRO CAUDIELL
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)