

LOS000018270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

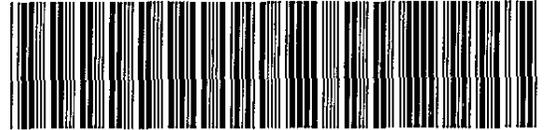
(Business Entity Name)

(Document Number)

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

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02/23/05--01046--001 \*\*125.00

DATE: 02/23/05  
TIME: 2:10 PM  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

05 FEB 23 PM 2:10

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DARRELL CONLEY FRAMING 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:

DARRELL CONLEY  
(Name of Person)

DARRELL CONLEY FRAMING LLC  
(Firm/Company)

2658 SPRING CREEK HWY  
(Address)

CRAWFORDVILLE FLA 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

DARRELL CONLEY at ( 920 ) 926-1612  
(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

STATE ARCHIVE OF FLORIDA  
TALLAHASSEE, FLORIDA

05 FEB 23 PM 2:21

**FILED**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DARRELL Cowley Framing 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:

2658 Spring Creek Hwy  
Crawfordville FL 32327

2658 Spring Creek Hwy  
Crawfordville FL 32327

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

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

DARRELL Cowley  
Name

2658 Spring Creek Hwy  
Florida street address (P.O. Box NOT acceptable)

Crawfordville FL 32327  
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.

FILED  
05 FEB 22 2021  
STATE OF FLORIDA  
TALLAHASSEE

Donnell Cowley  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DARRELL COOLEY  
2658 SPRING GREEK HWY  
CRAVENSVILLE FLA 32327

MGRM

EDWIN TORTER II  
58 DINOSAUR LN  
SOPCHOPPY FLA 32358

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Darrell Cooley*  
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.)

DARRELL Cooley  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 FEB 23 PM 2:21

**FILED**

**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)