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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

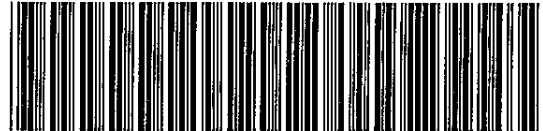
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Goodrich 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:

Tricia K. Goodrich  
(Name of Person)

Goodrich CARPENTRY LLC.  
(Firm/Company)

P.O. Box 691  
(Address)

Greensboro, FL 32330  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tricia Goodrich at (850) 508-9566  
(Name of Person) (Area Code & Daytime Telephone 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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Goodrich Carpentry LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

138 Watkins RD  
Quincy, FL 32351

**Mailing Address:**

P.O. Box 691  
Greensboro, FL 32330

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

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

Tricia K. Goodrich  
Name

138 Watkins RD  
Florida street address (P.O. Box **NOT** acceptable)  
Quincy FL 32351  
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.*

Tricia K. Goodrich  
Registered Agent's Signature

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05 APR 12 PM 2:13  
CLERK OF COURT  
JAIL HASSEE, FLORIDA

(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

Tricia K. Goodrich  
P.O. Box 691  
Greensboro, FL 32330

MGRM

Justin Faircloth  
P.O. Box Drawer B  
Greensboro, FL 32330

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Tricia K. Goodrich

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.)

Tricia K. Goodrich

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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