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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		.~

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Custom Trim by Jeremiah Soars, L LGECRETARY OF STALLAHASSEE. FI
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vereniah Soars (Name of Person)
Custom Trin by Jeremiah Soars, LLC (Firm/Company)
8635 SE Alabama Place
Hobe Sound, Fr. 33455 (City/State and Zip Code)
For further information concerning this matter, please call:
Ochlemmer at (772) 341-4827 (Name of Person) (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 &

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Certified Copy (additional copy is enclosed)

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 0

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Custom Trim by Jer	remiah Soars, L.L.C.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Sle35 SE Alabama Place Hobe Sound, FL 33455	8635 SE Alabama Place Hobe Sound, FZ 33455
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Jeremiah ? Name	Doors .
8635 SE F	Alabama Place ess (P.O. Box NOT acceptable)
. \	EL 33455
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	"Managina Manahan is an Callania
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: [105 APR 14 P 2:
MGR	Jeremiah South SHARY OF STAT 8635 SE Alabama Place LORI Hobe Sound, FL 33455
<u> </u>	
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	an authorized representative of a member.
of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)
Filing Fees: \$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation

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