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	SECRE INTO	SEE. FLORIOA
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		Ala 1





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04/25/05--01043--006 **125.00



TRANSMITTAL LETTER

FILED

TO: Registration Section Division of Corporations

05 APR 25 AM 11: 48

SUBJECT: Clay William Capenter JT. IALLAHASSEE, FLORIDA
(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:

Clay Carpertin (Name of Person)

Unle Siding (Firm/Company)

125 Bladerack Church Rd.

Bainbridge GA 31792
(City/State and Zip Code)

For further information concerning this matter, please call:

Gay Corpenter

(Name of Person)

at (912

Davtime 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE Y N	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:	05 APR 25 AM 11: 48
Clay William Carpenter JR LLC	SECKLIAHY UN STATE JALLAHASSEE, FLORIOA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address: Mailing Address	ss:
Banbois	11:03 page R.d.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent,	gent's Signature:
The name and the Florida street address of the registered agent are:	
Clay Capenta Name	
Plorida street address (P.O. Box INUI acceptable)	靈
Tallasgee FL 3973 City, State, and Zip 32308	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comp	ot 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)

Title:	Name and Address:	05 APR 25 AM 11:1	+8
"MGR" = Manager "MGRM" = Managing Member	Clay Carst	TALLAHASSEEPFLO	र्तिरी
MGRM	175 Blade Ja	de characte re	اکرے
MGRM	William frankli 108 pool RD Bainhidge CA	Seckwith Beckwith	-
<u> </u>			: .3 :
			. •
(Use attachment if necessary)			
NOTE: An additional article mus	t he added if an affective data is	raquattad	

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.)

Carperter
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)