L05000045128

(Re	equestor's Name)	
(***	Addition a Marillo	
(Address)		
· ·	,	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to Filing Officer:		
		1
		ì
		j
		j

Office Use Only



900052272609

05/03/05--01017--003 **125.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Robert Dennis carpentry Ltd. CO. (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:
Robert Dennis
(Name of Person)
Robert Dennis Carpentry Ltd. co-
15603 County Line Rd-
Odessa FL. 33556
(City/state and ZIp Code)
For further information concerning this matter, please call:
Robert Pennis at (170) 378 - 6361 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
;

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Streat Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: Robert Dennis care	centry LTO CO.		
ARTICLE II - Address: The mailing address and street address of the principal of	•		
Principal Office Address:	Mailing Address:		
15603 county Line Rd.	15603 county Line Rd		
odessa Fl.	odessa Fl.		
33556	33556		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent is Signature: The name and the Florida street address of the registered agent are:			
Robert Dennis			
15603 county Li Florida street address (P.O. Box NO	- 1		
<u>Odessa</u> <u>FLO</u> City, State, and Zip	ne Kd. T acceptable) DRIDA 33556		
have named as registered agent and to assent agrice of a	come for the chain stated limited lighting		

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, Florida Statutes.

Registered Agent 3 Signature

Page1 of 2 (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	Name and Address:
"MGRM" = Managing Member "MGRM"	Robert Dennis 15603 county Line Rd. Odessa FK. 33556
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	ben Dines
Signature of a member or an a	authorized representative of a member.
of this document constitutes an a that the facts stated herein are tr	
Robert	Dennis inted 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)