

LOS000050391

2005 MAY 16 P 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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05/16/05--01044--005 **130.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT:

A and J carpentry LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Shrock

(Name of Person)

A and J carpentry LLC

(Firm/Company)

P. O Box 684

(Address)

Holli's Ter FL 32147

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Shrock

(Name of Person)

at

(386) 659 1441

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

A and J carpentry LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

188 Darren Dr
Hollister FL
32147

P.O. Box 684
Hollister FL
32147

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

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

Arnon Shorack
Name

188 Darren Dr
Florida street address (P.O. Box **NOT** acceptable)
Hollister FL 32147
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..

Arnon Shorack
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:

FILED

MGRM

Aaron Shrock

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P.O. Box 84 / 188 Aaron Dr

Hellister FL 32147

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Tasen Coker

P.O. Box 803 / 105 Pine Trce Ln.

Melrose FL 32666

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Aaron Shrock

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.)

Aaron Shrock

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)