## 105000055107

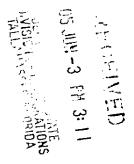
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

Office Use Only

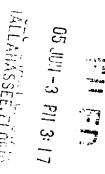


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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Daniel DelValle (Name of Limited L	Carpentry LLC.
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Daniel DelValle	e of Person)
(Firm	n/Company)
4713 Crassway C	Address)
Follahassee Fl. (City/State	32305 te and Zip Code)
For further information concerning this matter, please call:	: ·
Daniel DelValle at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	\$155.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	:
Daniel Dellalle Carpen	try LLC.
ARTICLE II - Address:	
	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4713 Crossway Ct. Jallahassee F1. 32305	Same as other
ARTICLE III - Registered Agent, Registere  The name and the Florida street address of the	A. U.
Daniel DelVall Name	e SSEEL P
4713 Crossway Florida street-do	Ct, didress (P.O. Box NOT acceptable)
Tallchasse	32315

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..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager		Name and Address:
"MGRM" = Manag	ging Member	Dollar 11
MUNN	-	Duniel DelValle 4713 Crossway Ct. Tallahasser, Fl. 32305
	-	
	_	
	_	
(Use attachment if	necessary)	
NOTE: An additi	ional article must be	added if an effective date is requested.
REQUIRED SIG	NATURE:	AHASIN -3
·	Down D	ellar Et 3
(	In accordance with section	an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury in are true.)
	Daniel De Typed	or printed name of signee
Filing Fees	•	

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)