

L05000057111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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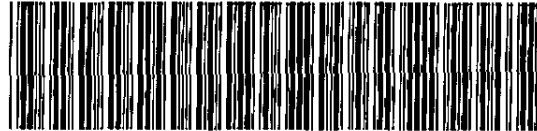
(Business Entity Name)

(Document Number)

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FILED  
05 MAY 31 PM 2:30  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** Straight Stud Framing, LLC

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

Please return all correspondence concerning this matter to the following:

Steven A. Sanders  
Straight Stud Framing, LLC  
5800 SW 61<sup>st</sup> Place  
Ocala, FL 34474

For any additional information concerning this matter, please call:  
Steven Sanders @ (352) 274-8775

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05 MAY 31 PM 2:30  
SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Straight Stud Framing, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

5800 SW 61<sup>st</sup> Place  
Ocala, FL 34474

**Mailing Address:**

5800 SW 61<sup>st</sup> Place  
Ocala, FL 34474

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

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

**Name:** Steven A. Sanders

**Street Address:** 5800 SW 61<sup>st</sup> Place

**City, State & ZIP:** Ocala, Florida 34474

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TALLAHASSEE, FLORIDA

*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's Signature

**ARTICLE IV - Manager(s) or Managing Member(s):**

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

**Title:**

"MGRM" = Managing Member

**Name and Address:**

Steven A. Sanders  
5800 SW 61<sup>st</sup> Place  
Ocala, FL 34474

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

**REQUIRED SIGNATURE:**



**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.)

Steven A. Sanders

Typed or printed name of signee

**Filing Fees:**

- ✓ \$125.00 Filing Fee for Articles of Organization
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

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05 MAY 31 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA