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EFFECTIVE DATE

07/15/2005

FILED  
2005 JUL 14 PM 12:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **BOB'S INTERIOR TRIM, LLC**  
(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 E. MOYER**  
(Name of Person)

**BOB'S INTERIOR TRIM, LLC**  
(Firm/Company)

**4300 COUNTY ROAD 305**  
(Address)

**BUNNELL, FL 32110**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**ROBERT E. MOYER** at **(386) 586-7544**  
(Name of Person) (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

☐ \$160.00  
Filing Fee,  
Certificate of Status &  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BOB'S INTERIOR TRIM, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

4300 COUNTY ROAD 305  
BUNNELL, FL 32110

**Mailing Address:**

4300 COUNTY ROAD 305  
BUNNELL, FL 32110

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

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

**JERRY C. KNIGHT**

Name

**4721 E. MOODY BLVD., SUITES 505 & 506**  
Florida Street address (P.O. Box NOT acceptable)

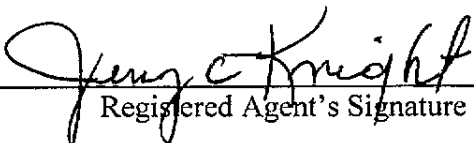
**BUNNELL, FL 32110**

City, State, and Zip

**EFFECTIVE DATE**

07/15/05

*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

(CONTINUED)

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**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:**

MGR

ROBERT E. MOYER  
4300 COUNTY ROAD 305  
BUNNELL, FL 32110

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OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE V-Purpose**

The purpose of this LLC is for any and all lawful business.

**ARTICLE VI-Effective Date**

THE EFFECTIVE DATE OF THIS LIMITED LIABILITY COMPANY SHALL BE:  
07-15-2005.

**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.)

**ROBERT E. MOYER**

Typed or printed name of signee