

L05000074614

Robyn Parton
12355 79th St
Fellsmere, FL 32948-5620

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rusty's Wood Works, L.L.C.
(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:

Robyn A. Palton
(Name of Person)

(Firm/Company)

12355 79th Street
(Address)

Vero Beach FL 32948
(City/State and Zip Code)

For further information concerning this matter, please call:

Robyn Palton at (772) 567-4311
(Name of Person) (Area Code & Daytime Telephone Number)

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 14, 2005

ROBYN PARTON
12355 79TH ST
FELLSMERE, FL 32948-5620

SUBJECT: RUSTY'S WOOD WORKS
Ref. Number: W05000029283

We have received your document for RUSTY'S WOOD WORKS and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The Form you have completed does not meet the requirements of office. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 805A00041214

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rusty's Wood Works, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

12355 79th Street
Fellsmere FL 32948

Mailing Address:

12355 79th Street
Fellsmere FL 32948

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

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

Robyn A. Patton
Name

12355 79th Street
Florida street address (P.O. Box **NOT** acceptable)

Fellsmere FLORIDA 32948
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

Robyn A. Patton
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Donald S. Parton

12355 79th Street

Fellsmere, FL 32948

MGRM

Robyn A. Parton

12355 79th Street

Fellsmere, FL 32948

(Use attachment if necessary)

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.)

Typed or printed 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)

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I certify that all of the facts stated in these Articles of Organization are true and correct and are made for the purpose of forming a business limited liability company under the laws of the State of Florida.

Dated: June 3, 20 05

Robyn A. Parton
Signature of Organizer

Robyn A. Parton
Printed Name of Organizer

State of Florida
County of Indian River

Before me, on June 3, 20 05, personally appeared Robyn A. Parton, named as the organizer, who is known to me to be the person who subscribed his or her name to this document, and acknowledged that he or she did so for the purposes stated.

Dianna Lee Johnson
Signature of Notary Public

Notary Public, In and for the County of Indian River
State of Florida



My commission expires: April 12, 20 08

Notary Seal

I acknowledge my appointment as registered agent of this limited liability company and accept the appointment.

Dated: June 3, 20 05

Robyn A. Parton
Signature of Registered Agent

Robyn A. Parton
Printed Name of Registered Agent