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2005 AUG 22 P 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

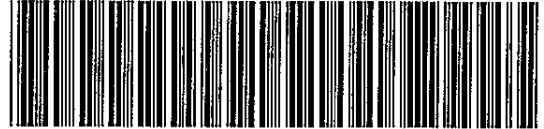
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TRANSMITTAL LETTER

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2005 AUG 22 P 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: FATHER AND DAUGHTER FRAMING, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

FATHER AND DAUGHTER FRAMING, LLC
540 CONURE ST.
APOPKA, FL 32712

For Further information concerning this matter, please call: KELLY L. LOWREY at 407-310-7127.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION

OF

FATHER AND DAUGHTER FRAMING, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: FATHER AND DAUGHTER FRAMING, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 540 CONURE STREET, APOPKA, FL 32712.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

Kelly L. Lowrey

ADDRESS

540 CONURE ST.
APOPKA, FL 32712

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.


KELLY L. LOWREY

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ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	KELLY L. LOWREY 540 CONURE ST. APOPKA, FL 32712

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be August 18, 2005.

Kelly Lowrey
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.)

Kelly L Lowrey
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)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 18 day of August 2005. FILED
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Kelly L. Lowrey
KELLY L. LOWREY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 18 day of August, 2005, by KELLY L. LOWREY, who is personally known to me or who has produced driver's license as identification and who did take an oath. FL DL L600-512-66-216-2



Kj Kirkpatrick
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

Kelly L. Lowrey
KELLY L. LOWREY

DATE: August - 18 - 05