[05000/12/48

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: D	ne Carpe	entry (Co	MISHON 15 PM 1.3
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	
Please return all corresp	ondence concerning this matte	er to the following	ASSESSED BY
Joh	in Harris	Name of Person)	L. KORDA
Pin	e Carpent	Firm Company)	
9650	og Cheste	er Rd.	·· <u>·</u> ···
Yul	ee fl.	32097 State and Zip Code)	
For further information of	concerning this matter, please	call:	
John I	Harris ot Person)	at (904) 75	3 2788 clephone Number)
Enclosed is a check fo	r the following amount:		
\$125,00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P O Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2601 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
The name of the Limited Liability Company is: Pine Carpentry (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "ELC," or "L.C.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company of
Principal Office Address: Mailing Address:
96509 ChesterRd 96509 Chester Rd. Yulee F1. 32097 32097
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
John Harris
96509 Chester Rd. Florida street address (P.O. Box NOT acceptable)
Julee FL 32097.

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGR	John Harris 96509 Chester Rd. Yulee Fl. 32097
	The state of the s
(Use attachment if necessary)	
'LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)