· L05000113904

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:



11/29/05--01030--005 **155.00

FILED 2005 NOV 29 AH 10: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

To: Registration Section Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for fililing. Please return all correspondence concerning this matter to the following:

___STEPHEN R HAGEN____ Name of Person

___HAGEN'S CARPENTRY LLC_____ Firm/Company

_ 121 Markella Rd ______ Address

___ Ft Walton Beach Fl 32548_____ City, State, and Zip Code

For further information concerning this matter, please call:

Name of Person

Area Code and Daytime Telephone Number

HOV 29 AN IO:

ည္သ

Ē

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name: The name of the Limited Liability Company is:

• HAGEN'S CARPENTRY LLC

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

Principal Office Address:

121 MARKELLA ROAD NW . FT WALTON BEACH, FL 32548

Same

NOV 29 AM 10:

ယ လ m

Mailing Address:

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

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

Name

STEPHEN R HAGEN

Florida street address (P O Box NOT acceptable)

City, State, and Zip 121 MARKELLA ROAD NW FT WALTON BEACH, FLORIDA 32548

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in thi

certificate, I hereby accept the ointment 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 Signatur

CONTINUED

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

ġ,

Name and Address:

MGR STEPHEN R HAGEN

121 MARKELLA ROAD NW FT WALTON BEACH, FLA 32548

NOV 29 AM 10:

ω N Note: An additional article must be added if an effective date is requested.

Article V The effective date shall be upon filing with the Secretary of State.

REQUIRED SIGNATURE;

Signature of a member or an authorized representative of a member. Stephen R Hagen

(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.)

STEPHEN R HAGEN Typed or printed name of signee