L05000/230/8

(Requestor's Name)	
· · · · · · · · · · · · · · · · · · ·	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certified Copies Certificates of Citation	
Special Instructions to Filing Officer:	
Special institutions to Fitting Officer.	
l _A	6
	,
Table	}

Office Use Only

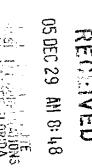
SECRETARY OF STATE TALLAHASSEE, FLORIDA



000062181920

12/29/05--01006--002 **155.00

EFFECTIVE DATE



COVER LETTER

FILED

TO: Registration Section Division of Corporations

05 DEC 29 AM 8: 56

SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dan Quick (Name of Person)
Quick's custome woodwork and Design
4110 Tall Pine DR. (Address)
Harma Fla. 32333 (City/State and Zip Code)
For further information concerning this matter, please call:
Dox Quilland at (850) 539 - 6344 or (850) (850) (Name of Person) (Area Code & Daytime Telephone Number) 251 - 5616
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street/Courier Address Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The second second second second
ARTICLE I - Name:	05 DEC 29 AM 8: 56
The name of the Limited Liability Company is:	
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Quick's Mustage Wood	work and Design L.L.C
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
HILE Tall Pine DR.	
Hovana Fla. 32333	Score
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Dan Waick	
Name	EFFECTIVE DATE
	1-1-06
414 Tall Pine	ress (P.O. Box <u>NOT</u> acceptable)
Havena City, State, at	FL 32333
City, State, ar	na Zip
	eccept service of process for the above stated limited his certificate, I hereby accept the appointment as
registered agent and agree to act in this capaci.	ty. I further agree to comply with the provisions of

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

200 A . P			ng Member(s): or Managing Member is a	05 DEC 29 AM 8:
Title:	= Manager		Name and Address:	
	- Manager " = Managing Me	mber		SECRETARY OF ST TALLAHASSEE, FLO
^	~ ·		- 0 -1	-4.720
W/6	MM		Dan Willy	200 000
			1-100 100 7-1	a. 32333
	· · · · · · · · · · · · · · · · · · ·	,	 	
			, 	
			<u> </u>	
		•		
(Use atta	chment if necessa	arv)		
•				
TICLE V: E	ffective date, if of	her than the da	ate of filing:	OPTIONA .
	date is listed, the lys after the date		e specific and cannot be	more than five busines
r to or 98 ds	ijs alier ine dute	or rumb.		
r to or 90 da				
		D 17 •		
	<u>RED</u> SIGNATUI	KE:		
	 Q	aniel (Quich_	
	 Q	aniel (or an authorized representativ	e of a member.
	Signatur (In according this do	e of a member of	or an authorized representation on 608,408(3), Florida Statutes, tes an affirmation under the pen	the execution

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)