## L06000000844

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## **COVER LETTER**

Division of Co			
SURIECT. Wood	Sensations,LLC		
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Pamela J			
	(	Name of Person)	A Park Control of the
WoodSer	sations,LLC		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company)	
1680 Till	ey Ave.		
		(Address)	
Largo,FL			
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Pamela J. Cobler at (727 ) 459-7937 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 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:			
WoodSensations,LLC				
(Must end with the words "Limited Liability of	Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street add	dress of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:		Mailing Address:		
WoodSensations,LLC		WoodSensations,LLC		
1680 Tilley Ave. unit F2		1680 Tilley Ave. unit F2		
Largo,FL. 33770		Largo, FL. 33770		
	<del></del> .			
business entity with an active Florida registr  The name and the Florida street ad  Pamela J. Co	ation.)  Idress of the r	ered Agent. You must designate an individual or another egistered agent are:		
	Name	The state of the s		
530 4th St. 1	NW			
Florida street address (P.O. Box NOT acceptable)				
Largo,		FL 33770		
	City, State, a	and Zip		
liability company at the place a registered agent and agree to act i statutes relating to the proper an accept the obligations of my po	designated in t in this capacit ad complete pe osition as regi	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
4Registered	a Aggat 's Signat	ure (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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Pamela J. Cobler 530 4th St. NW Largo,FL. 33770
MGRM	Jerome T. Barnett
MONI	2566 Harn Blvd. #18 Clearwater, FL. 33764
	Nerv-
	<del></del>
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: FBO OC (OPTIONAL)  De specific and cannot be more than five business days prior
REQUIRED SIGNATURE:    Online   Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document cons	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee