

W060000 17244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

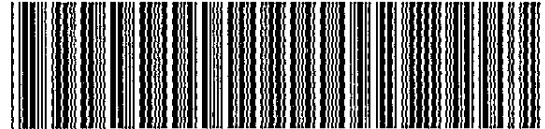
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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4711 N.W. 53rd Avenue  
Gainesville, FL 32606  
Phone (352) 373-1080  
Fax (352) 373-5110

Members of  
American Institute of CPA'S  
Florida Institute of CPA'S  
National Association of Certified Valuation Analysts

William F. McDavid, CPA\*, CVA  
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Nora C. Rockwell, CPA\*  
Patricia A. Cucchiara, CPA\*, CVA  
\*CPA's regulated by the State of Florida

February 6, 2006

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Pierce Woodworks, LLC

Please find enclosed a check payable to "Florida Department of State" in the amount of \$125 for Articles of Organization filing fee (\$100) and Designation of Registered Agent fee (\$25).

Do not hesitate to call should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

McDavid & Company

  
William F. McDavid, CPA

Enclosure

cc: Joseph Pierce

WFM:lmv

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Pierce Woodworks, LLC

## ARTICLE II - Address:

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

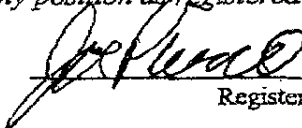
4918 NW 93 Avenue  
Gainesville, FL 32653

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joseph Pierce
_____ Name
4918 NW 93 Avenue
_____ Florida street address (P.O. Box <b>NOT</b> acceptable)
Gainesville FL 32653
_____ City, State, and Zip

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

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FLORIDA  
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(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
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.)

Joseph Pierce

\_\_\_\_\_  
Typed or 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)