

LOG 000027926
FILED

2006 MAR 10 P 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Requestor's Name)



000067384050

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

000067384050 **155.00

Special Instructions to Filing Officer:

AL /

Office Use Only

TRANSMITTAL LETTER

TO: Registered Section
Division of Corporations

FILED

SUBJECT: DOUGLAS CARPENTRY SERVICES LLC
(Name of Limited Liability Company)

2006 MAR 10 P 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY A DOUGLAS
(Name of Person)

DOUGLAS CARPENTRY SERVICES LLC
(Firm/Company)

7622 S E COUNTY RD 252
(Address)

LAKE CITY, FL 32025
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY DOUGLAS 386 961-8094
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

DOUGLAS CARPENTRY SERVICES, LLC

FILED
2006 MAR 10 P 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II-Address:

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

Principal Office Address:

Mailing Address:

7622 S E COUNTY RD 252

7622 S E COUNTY RD 252

LAKE CITY, FL 32025

LAKE CITY, FL 32025

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

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

KIMBERLY ANN DOUGLAS

Name

7622 S E COUNTY RD 252

Florida street address (P.O. Box NOT acceptable)

LAKE CITY, FL 32025

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

Name and Address:

MANAGER

**7622 S E COUNTY RD. 252
LAKE CITY, FL 32025**

FILED

2006 MAR 10 P 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANAGING MEMBER

ADAM DOUGLAS

P.O. BOX 608

WHITE SPRINGS, FL 32096

MANAGING MEMBER

KIMBERLY ANN DOUGLAS

7622 S E COUNTY RD 252

LAKE CITY, FL 32025



Signature of a member or an authorized representative

(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.)

KIMBERLY ANN DOUGLAS

Typed or printed name of signee.