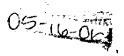
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# COVER LETTER

	gistration Se vision of Co						
SUBJECT:	James	Carter Trim LLC					
		(Name of Limite	ed Liabil	ity Com	pany)	_	
The enclose	d Articles of	f Organization and fee(s) are s	submitte	d for fili	ng.		
Please return	n all corresp	ondence concerning this matte	er to the	followir	ıg:		
Ja	mes Ca	arter					
		(	(Name of	Person)			
<del></del>			(Firm/Co	mpany)			
74	47 Elv	ia Drive					
			(Addı	ress)			
Ja	ckson	ille, Florida 32	211				
		(City	y/State an	d Zip Co	de)		
For further i	nformation (	concerning this matter, please	call:				
James	Carter		at / 90	04	v 483-7	77:	3
<del></del>		of Person)	_ ar (	(Area Co	de & Daytime	Tele	phone Number)
Enclosed is	a check fo	r the following amount:					
□\$125.00 I	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	fied Cop	Filing Fee & py y 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		Registra Division Clifton 2661 Ex	Courier Addression Section of Corporation Building secutive Centures FL 3230	ions er C	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
James Carter Interior Trim LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7447 Elvia Drive Jacksonville,Florida 32211	7447 Elvia Drive Jacksonville Florida 32211
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re-	ered Agent. You must designate an individual or another
James Carter	
Name	
7447 Elvia Drive	
Florida street add	ress (P.O. Box NOT acceptable)
Jacksonville,	FL 32211
Cîty, State, a	ad Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as i. I further agree to comply with the provisions of all aformance 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) Page 1 of 2

Registered Agent's Signature (REQUIRED)

### 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	James Carter
	7447 Elvia Drive
	Jaxsonville,Forida 32211
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: may 16 2006 . (OPTIONA
ffective date is listed, the date mu	st be specific and cannot be more than five business da
days after the date of filing.)	•
REQUIRED SIGNATURE:	

(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.)

James B Carter

Typed or printed name of signee

#### 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)