## L0600059613

(Requestor's Name)
(Address)
(Address)
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, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
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06/09/06--01004--015 \*\*130.00

SECRETARY OF STATE





## **COVER LETTER**

TO: Registration Section Division of Corporation					
SUBJECT: Devir	ne Custom (Name of Limited	Trim LLC Liability Company)			
The enclosed Articles of O	rganization and fee(s) are su	bmitted for filing.			
•	dence concerning this matter	=			
7	racy Devi	ne			
	(N	Jame of Person)			
	ie Custom			ال 2006	SECI
_	(F	Firm/Company)		8- KN	프라 무료
<u>213</u>	Le Grand	Drive			
Panan	na City B	each. H 3	3 2413	PH 2: 18	F STATE
	' (City/	State and Zip Code)			-
For further information con	ocerning this matter, please o	eall:			
Tracy	Devine	at ( 850 ) 240 (Area Code & Daytime To	9-9281		
(Name of	r Grson)	(Alea Code & Daytille 10	deputite (value)		
Enclosed is a check for the	he 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 F Certificate of Status Certified Copy (additional copy is enclo	&	
 	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	LE	I	_	N	am	e:
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The name of the Limited Liability Company is:

Devine Custom Trim, LLC

(Must end with the words "Limited Liability Company. "Limited Company" or their abbreviation "LLC." or "L.C..")

## **ARTICLE II - Address:**

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

**Mailing Address:** 

213 Le Grand Drive Panama City Beach 71

213 Le Grand Drive Panama City Brach.71 32413

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Tracy Devine

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

PanamaCity Beach FL 324/3

Having been named as registered agent and to accept service of process for the above staied 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..

legistered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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

yped 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)

that the facts stated herein are true.)