LCC00071619

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



200077512562

07/17/06--01011--018 **160.00

O6 JUL 17 AHII: 0
SECRETARY OF STAIL



COVER LETTER

Division of Corporations	
SUBJECT: Arthony Carpentry LLC (Name of Limited Dability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Luis Antonio Narvaez (Name of Person)	
Anthony Carpentry LhC.	
2237 White horse St,	
Deltona, Fh. 32738 (City/State and Zip Code)	
For further information concerning this matter, please call: Luis Antonio Narvaez at (386) 960-513 888 Property of Person (Area Code & Daytime Telephone Number) Property of Person	
Enclosed is a check for the following amount: \$\begin{array}{c} \left\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	O

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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:

Principal Office Address:	Mailing Address:
2237 Whitehorse St	2237 Whitehorse St
Deltona, FL. 32738	Deltona, Fh. 32738

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

2237 White horse St.

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

Deltona FL 32738

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

			•			
Title	e:		Name and Address:			
	GR" = Manage	er				
		ging Member				
		1	. 11			
tr	esiden	†	Luis Antonio No	Lrva	2	
			2237 Whitehorse	St		
			Deltona, FL, 32	138		
			,			
		_				
				 		
		_				
		_				
(Use	attachment if	necessary)				
			~ /			
ARTICLE V	V: Effective d	ate, if other than the dat	· ·	OK MO	~~) .
(lf an effecti	ve date is liste	ed, the date must be sp	pecific and cannot be more than five bu	istīnens (d <u>ay</u> s j	prior
to or 90 day:	s after the dat	e of filing.)		Am.	<u></u>	- 1 3
				SS		-
				m-<		2 magnetic
REC	<u>DUIRED</u> SIG	NATURE:		- m	Ê	1 1
	5	_ 1	4 / 1	LST TST		O
		M	$\mathcal{M}_{\mathcal{A}}$	≅≅	ö	
		7	· Conva	AE.	T.	
	:	Signature of a member or	an authorized representative of a member.			
		(In accordance with section	n 608.408(3), Florida Statutes, the execution			
		of this document constitute	es an affirmation under the penalties of perjury			
		that the facts stated here	in are true.)			
		_ huis A	Atania Marica - Z-			
		Typed	ntonio Narva = Zo or printed name of signee			
	Filing Fees:					

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)