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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Paul F. Koch Carpentry, Letter (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAU) F. Koch (Name of Person)
Paul F. Koch Carpentry, L.C.
110 Burks Lane (Address)
Tallahassee F/ 32304/ (City/State and Zip Code)
For further information concerning this matter, please call:
Paul F. Koch at (850) 321-8084  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \rho \frac{\text{\$125.00 \text{ Filing Fee} & \$\rho \frac{\$155.00 \text{ Filing Fee} & \$\rho \frac{\$160.00 \text{ Filing Fee}, \$\text{Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}}
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32301  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
PAUF, Koch Co (Must end with the words "Limited Liability Company, "Limited	coentry, 2.C	;," or "LÇ.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
110 Burks Ln, Tallahossee, F	-1 - Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
Paul F. Ke	och	
110 Burks La Florida street addi	).·	
Tallahassee City, State, an	FL 32304 nd Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accept to ty. I further agree to comply w performance of my duties, and	he appointment as ith the provisions of I am familiar with Chapter 608, F.S.
Registered Agent's Signatu	(REQUIRED)	O6 DI SECR
(CONTINU	JED)	DEC 27 PM JALIARY OF AHASSEE, F
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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" = Manage	er	Name and Address:		
"MGRM" = Mana				
MCR		Paul F. Koch		
	<del></del>	110 BURKS LW.		
		110 Burks Lw. Tallahassee, Fl 3	2304	
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