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Certified Copies	Certificates	s of Status
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Special Instructions to F	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT: BUCKET

CARPENTRY

LLC

(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:

(Name of Person)

(SECTAPR 20 AH)

(Firm/Company)

(Firm/Company)

(Address)

(Address)

(Address)

For further information concerning this matter, please call:

Guye BurKETTE

at (880) 554-2454

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee & Certificate of Status

ρ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

ρ \$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

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

The name of the Elimica Elability Company is.	
Coye BUNKETTE CAR (Must end with the words "Limited Liability Company, "Limited	DENTRY LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
311 CRACKER BARRELL Rd. CRUINCY FLA. 32351.	SAMG_

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 of 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:

SULF BUCKETTE

Name

311 CHACKET BARRELL Rd.

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

QUINCH FL 32351

City, Stale, 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)

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:
MCorm		BUYE BUCKETTE 311 CRACKENBARNELL Rd. QUINCY FLA 32351
ffective date is l	date, if other than	the date of filing: (OPTIO)  nust be specific and cannot be more than five busi  (3.)
LE V: Effective	date, if other than isted, the date of filing GNATURE:	iust be specific and cannot be more than five busi
LE V: Effective ffective date is l or 90 days after	date, if other than isted, the date me the date of filing GNATURE:  Signature of a mer (In accordance with of this document cothat the facts state)	or No.