

L07000042379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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AL
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: ROBERT L. KIERSTEAD

ADDRESS: 1691 NESBITT STREET
DELTONA, FL 32725

PHONE: DAYTIME: 386-463-2230
HOME: 386-575-2586

OCC. LIC. # 7022709

BUS. NAME: KIERSTEAD CUSTOM
CARPENTRY LLC

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kierstead Custom Carpentry 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:

Principal Office Address:

Mailing Address:

11091 Nesbitt Street
DeHona, FL 32725

same—

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

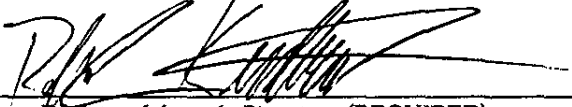
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert L. Kierstead
Name

11091 Nesbitt Street
Florida street address (P.O. Box **NOT** acceptable)
DeHona, FL 32725
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)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGR

Name and Address:

Robert L. Kierstead

1691 Nesbitt Street

Deltona, FL 32725

Danielle L. Kierstead

1691 Nesbitt Street

Deltona, FL 32725

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 that the facts stated herein are true.)

Robert L. Kierstead

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)