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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FILED 17 MAY 29 PM 12: 30 ECKETANT OF STATE

, COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: RIC	K Bain C		LC
The enclosed Articles of 0	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
	RICKY P.P	Name of Person)	
	(1	Name of Person)	
		Firm/Company)	
	32 60	(Address)	
1.6	<i></i>		
_K15	5. 17.	3474/ (State and Zip Code)	
	(==;	,	
For further information co	oncerning this matter, please	call:	
Susan	Bain	at (407) 933	-4067
(Name o	f Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	the 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 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rick Bain CARPENTRY (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:
2232 Louise ST. KISSIMMEE F.	2232 Louise ST. Liss. Fl. 3474
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 registration.	ered Agent. You must designate an individual or another
SUSAN BO	29 PHI
	ress (P.O. Box NOT acceptable) FL 3474/ 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Name and Address:
RICKY P. BAIN 2232 LOVISE ST. KISS FT. 3474/
e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
per or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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)