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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUPERCE NICK I	Howard Finish Carpentr	v LLC		
SUBJECT: THORT		ited Liability Company)		
The enclosed Article	es of Organization and fee(s) ar	e submitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	JICHOLAS J.	HOWARD		
		(Name of Person)		
<u>NIC</u>	K HOWARD FI	WISH CARPENTRY (Firm/Company)	LLC	
		(Firm/Company)	08	
	7201 PHINE	SECK DRIVE (Address)	A SECONDARIA	FILE PH I:
		(Address)	五	5 F
ļ	DORT RICHEY	FL 34668 City/State and Zip Code)	SEE OF	3
	(0	ity/State and Zip Code)		ij
	ion concerning this matter, plea	se call:	蒙 元	_(*)
Nicholas Howar		at (_727)364-6332		
	Jame of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fe	ee s130.00 Filing Fee &	\$155.00 Filing Fee &	3160.00 Filing Fee,	,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ين جيملة			O Dr. CTOS	11 C	
Mus	st end with the words	WISH CAR	pany, "L.L.C.," or "LL	C.")	
ARTICLE II - Add The mailing address		ess of the principa	l office of the Lin	nited Liability Cor	npany is:
Principal Office A	ddress:	<u>Mai</u>	ling Address:	4,	08
MICK HOU MAI PHINED PORT PICHEY ARTICLE III - Re	gistered Agent,	48 Po			
(The Limited Liability Co- business entity with an a			cni. Tou musi designad	e an individual of anothe	a Du
The name and the F	lorida street add	ress of the register	ed agent are:		
	NICHOL	AS J. How.	ARD	-	
	Flo	2HINEBECK orida street address (P.	O. Box NOT accepta	- able)	
	PART D	ICHEY EI	24/MX		

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

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

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

 <u>7</u>	licholas J Howard 201 Rhinebeck Drive Port Richey, FL 34668
achment if necessary) Effective date, if other than the date of late is listed, the date must be spec	201 Rhinebeck Drive Fort Richey, FL 34668
achment if necessary) Effective date, if other than the date of late is listed, the date must be spec	Port Richey, FL 34668
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- -	ific and cannot be more than five business days
RED SIGNATURE:	
Mil	old Hand
Signature of a member or an	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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

Typed or printed name of signee