# L08000013087

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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SECRETARY OF STALLAHASSEE FLO

v. California JAN 23 20001

#### COVER LETTER

TO: Re	egistration Section vision of Corporations
SUBJECT:	: TS Carpentry (Name of Limited Liability Company)
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Thomas L Schweizer Jr (Name of Person)
	TS Carpentry (Firm/Company)
	4517 Parkward lane Est
<del></del>	Niceville Fl 32578 (City/State and Zip Code)
For further i	information concerning this matter, please call:
Thom	(Name of Person) at (850) 687-0041 (Area Code & Daytime Telephone Number)
Enclosed is	s a check for the following amount:
<b>⊠</b> \$125.00 F	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Bis 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2008

THOMAS L. SCHWEIZER JR 4517 PARKWOOD LANE EAST NICEVILLE, FL. 32578

SUBJECT: T S CARPENTRY L.L.C Ref. Number: W08000003744

when duc. change to TLS carpentry, le

We have received your document for T S CARPENTRY L.L.C and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 108A00004843

Division of Compositions D.O. POV 6207 Tellahorses Florida 20214

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LS Carpentry La (Must end with the words "Limited Liability Company, "L.L.C.," or

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
4517 Parkwood lane Est Niceville Fl 32578	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:  Thomas L Schwe'tzer Jr  Name  4517 Par Kwood Lane Est  Florida street address (P.O. Box NOT acceptable)  Niceville FL 32578  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)

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

Typed or printed name of signec

Filing Fees:

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

that the facts stated herein are true.)

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)