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SECRETARY OF STATE

A. LUNT

FEB 1 2 2008

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: CU		WORK BY RO	GER HAGER LLC
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROGER	HAGER (Name of Person)	
CUSTOM	MOODWORK	BY ROGER (Firm/Company)	HAGER LLC
	626 SW	RUSTIC (Address)	CI整量 T
	STUART		34897
For further informatio	n concerning this matter, pleas	se call:	2: 46 STATE FLORIDA
ROGER	HAGER nc of Person)	at (304) 410 (Area Code & Daytime	1-4483 e Telephone 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	itions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUSTOM WOODWORK BY ROGER HAGER LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
676 SW RUGTIC CIRCLE STUART, FLORIDA 34997	626 SW RUSTIC CIRCLE STUART, FLORIDA. 34997
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 results	egistered agent are: AGER CIRCLE D START START

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 (REOURED)

(CONTINUED) Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

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)