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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Norris Carpentry & Remodeling L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul m. Norris (Name of Person)
Morris Carpentry & Remodeling L.L.C. (Firm/Company)
608/ Pisqah Church Rd.
TRIAhassee Fl. 32309 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (Z29) 309-1209 PC
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)}}\$
Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Norris Carpentry 8 Remode inc 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:

6081 Pisgah Church Rd.

12112halsee F1. 82309

Tallahalsee F1. 82309

Tallahalsee F1. 32309

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:

Name

LARD Name

LARD NAME

LARD NAME

LARD NAME

LARD NAME

AND SECRETARY

Florida street address (P.O. Box NOT acceptable)

TIAIIahaisee FL 32869

City, State, and Zip

Having been named as registered agent and to accept service of process for the above state dimited 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

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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:

Name and Address:
LOBI Pisgah Church Rd.  TAlchassee Fl. 33309  TAUI MORRIS
08 MAR 19 SECIAL FAR TALLIAHASS
STATE LORIDA
date of filing: (OPTIONAL) e specific and cannot be more than five business days prior

## **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.)

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)