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COVER LETTER

TO: Registration S Division of Co	ection rporations			
SUBJECT: Bra	d Campbell (Name of Limited	(apentry Liability Company)	(
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
Bra	d Campbell	ame of Person)		
Brac	d Caupbell	Carpentry (
310		mock Ln (Address)	SECR	08 ==
Ta	a1 0 -	(Address)	ETARY HASSE	AY 22
,	(City/S	tate and Zip Code)	CF C	
For further information c	concerning this matter, please co	all:	STATE ORID,	£8
Brad Can	of Person)	t (<u>\$50</u>) <u>459</u> C (Area Code & Daytime Tele	9103 phone 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 encl	s &
	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 Ci	ircle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Porad Campbell Carpentry L.L.C. (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:
3104 Oak Hammock Ln
Tallahassel FL 32301
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 conditional business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Brad Date Hammock Line
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

Sad Campbell

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Men	Brad Campbell
	Tallahassee H 32301
	SECH TALLA
	HASSE
(Use attachment if necessary	
LE V: Effective date, if othe fective date is listed, the date days after the date of filing	r than the date of filing: (OPTION to must be specific and cannot be more than five business date.)
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	r than the date of filing: (OPTION to must be specific and cannot be more than five business date.)
fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of the date of filing	r than the date of filing: (OPTION to must be specific and cannot be more than five business date.) E: A Canada bell f a member or an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of this document of the the fective date, if other date of the state of the	r than the date of filing: (OPTION to must be specific and cannot be more than five business date.)

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