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## **COVER LETTER**

Division of Corporations
SUBJECT: D.E.E. CUSTOM CARPENTRY PLUS '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:
Donald E. Edwards JR.
(Name of Person)
(Firm/Company)
64 Almond Drive
(Address)
Ocala FL 34472
(City/State and Zip Code)
For further information concerning this matter, please call:
Donald E Edwards JR at (352, 425-6785
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Status Status Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

DEE Custom Carpentry (Must end with the words "Limited L	Plus 'LLC.' iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
64 Almond Drive Ocala FL 34472	64 Almond Drive Ocala FL 34472
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Donald E.  Na  64 Almono	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:  Edwards JR  The prove address (P.O. Box NOT acceptable)

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>'MGR''</u>	Donald E. Edwards JR 64 Almond Drive Ocala FL 34472
	SECRETARY ALLAHASSE
(Use attachment if necessary)	P 1: 52 E. FLORIDA
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION specific and cannot be more than five business dates

h land 7. Tolast V.

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.)

Donald E. Edwards JR
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)