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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer: M. THOMAS
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M-Callums Custom Woodwork LLO Name of Limited Liability Company	<u> </u>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Douglas A. McCallum Name of Person	
McCallums Custom Woodwork LLC Firm/Company	
7818 Talley Ann Dr. Address	
Tc/luhassee Florida 32311 City/State and Zip Code	FALL SEC
E-mail address: (to be used for future annual report notification)	Amed Can
For further information concerning this matter, please call:	ARY OF
Dous MECallum at (850) 694-196 Name of Person Area Code & Daytime Telephone	imber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Address Street/Courier Address	

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

Registration Section
Division of Corporations
Clifton Building
2661 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:

McCallums Custom Woodwork 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 prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration of th	gistered agent are:
City, State, and	

Devisional Association (PEOLIDED)

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..

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGMR	Douglas A. McCallum 7818 Talley Ann Dr. Talle Fl. 32311
	TAKE SECOND
· · · · · · · · · · · · · · · · · · ·	SSEC 3 M
(Use attachment if necessary)	OPTIONAL)
If an effective date is listed, the date must be or 90 days after the date of filing.)	late of filing: (OPTIONAL) 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.)

Douglas A MECallum
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)