## L09000099587

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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09 OCT 15 PH 1:51

J. BRYAN

OCT 15 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJ	ест: _ <i>Ole</i> g	ano S	anchez ame of Limited L	COLPON ability Company	nTrx LL	<u>.c</u> _
The er	nclosed Articles of	Organization ar	nd fee(s) are subn	nitted for filing.		
Please	return all correspo					AS O
	olegai			ne of Person . n/Company		OCT 15 PH
	1604	Cher	y H1/	Address		1:51 FLORIDA
	Tallaha	assee	FL City/Sta	323/2 te and Zip Code		
В. С				lure annual report notifi	cation)	
For fur	ther information con Name of	_		850 90	26 31 69 ime Telephone Nun	hber
Enclos	sed is a check for	the following	amount:			
<del>]\$12</del> 5	.00 Filing Fee	]\$130.00 Fili Certificate o	of Status	6155.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
		Mailing Addr Registration So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	ion Forations Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	is:
Olegario Sanchez (Must end with the words "Limited Li	Carpentry 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:
1604 Cherry Hill Lene Tallahossee Fl 32312	e 1604 Cherry Hill Lehe Tallahassee Fl 32312
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Oleganio S.	ne registered agent are:  Anchez  me  CINCHEZ  ME  CINCHEZ  ME  CINCHEZ  CI
1604 Chethy Florida street address (P	Hill hehe P.O. Box NOT acceptable)
Tallahassæ City, State	
0 0	to accept service of process for the above stated limited 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

Title:	nger or Managing Member is as follows:  Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Name and Address:  Olegatio Sanchez
MGRM	1604 cherry Ilill Lene TAIJAhassee Fl 32312
	A
<del></del>	HASSE 5
(Use attachment if necessary)	23. 5 Dirti
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Sanches  per or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Oleganio T	yped of 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)