

L0900011845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

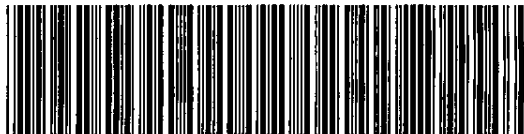
Special Instructions to Filing Officer:

A. LUNT

NOV 20 2009

EXAMINER

Office Use Only



100162693251

11/19/09--01045--006 **160.00

FILED
2009 NOV 19 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allwoods Building Products, LLC
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:

John H. Thompson

Name of Person

Allwoods Building Products, LLC

Firm/Company

1590 Lago Vista Blvd.

Address

Palm Harbor, FL 34685

City/State and Zip Code

jjhthompson@aol.com

E-mail address: (to be used for future annual report notification)

2009 NOV 19 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

John H. Thompson

Name of Person

at (813)

394-5192

Area Code & Daytime Telephone 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 enclosed)

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allwoods Building Products, 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:

1590 Lago Vista Blvd.
Palm Harbor, FL 34685

Mailing Address:

1590 Lago Vista Blvd.
Palm Harbor, FL 34685

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:

Elio Levy

Name

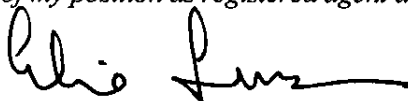
1170 Gulf Blvd. # 1901

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

Clearwater, FL 33767 FL

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John H. Thompson
1590 Lago Vista Blvd.
Palm Harbor, FL 34685

MGRM

Elio Levy
1170 Gulf Blvd. # 1901
Clearwater, FL 33767

MGRM

Robert L. Leal
2642 Cedar View Ct.
Clearwater, FL 33761

MGRM

Tony Price
19139 US Hwy 19 N., # I-37
Clearwater, FL 33764

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/16/09. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John H. Thompson

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)

2009 NOV 19 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED