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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	:
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>i.</u>		

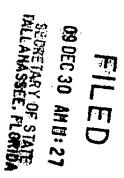
Office Use Only

EFFECTIVE DATE OF 101 2010



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D. BRUCE

DEC 3 1 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations							
SUBJECT:	Scott S Gard				er LLC			
	Name of Limit	ed Liabi	lity Comp	any				
The enclosed Articles	of Organization and fee(s) are	submitte	d for filing	g.				
Please return all corres	pondence concerning this mat	ter to the	following	g :				
***************************************	Se		Gardner	•				
		Name o	f Person					
	Scott S Ga	rdner l	Master (Carpenter	•			
		Firm/C	ompany					
	8550) A1a :	S Unit 2	34		27		
· · · · · · · · · · · · · · · · · · ·		Add	ress			E	8	
	Saint Au	gustine	e Florida	32080		E E	3	**
<u> </u>			nd Zip Cod			A K	ဓ	Ī
	Scottsg E-mail address: (to be used	gardne	r@gma	il.com		T Q	<u></u>	
For further information	n concerning this matter, pleas		annuai rep	он поинсано		STATE	H: 27	C
Scot	t S Gardner	_ at (404)	626-3281 Telephone Numb			
Nam	e of Person	_ \	Area Code	e & Daytime	Telephone Numb	ег		
Enclosed is a check	for the following amount:							
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filir rtified Co ditional cop		\$160.00 Certifica Certified (additiona	te of Sta I Copy	itus &)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Ex	ourier Addraion Section of Corporat Building ecutive Cent see, FL 3230	tions ter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Scott S Gardner M (Must end with the words "Limited	laster Carpenter LLC I Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8550 A1a S Unit 234 Saint Augustine Florida 32080	8550 A1a S Unit 234 Saint Augustine Florida 32080
business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another f the registered agent are:
Scott	t S Gardner
	t S Gardner Name Rame Name Name
	Name SAN 30 F
8550 A	Name SARY 30
8550 A	Name Ala S Unit 234 s (P.O. Box NOT acceptable)
8550 A Florida street address ST. Augustine FL 3	Name Ala S Unit 234 s (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE DI DI 3010

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:

"MGR" = Manag	ger	Name and Address:
"MGRM" = Mar	naging Member	
MGR		Scott S Gardner
		8550 A1a S Unit 234
		ST. Augustine FL 32080
		
		
(Use attachment	if necessary)	
•	• ,	ate of filing: January 1 2010 (OPTIONAL)
ICLE V: Effective	date, if other than the d	ate of filing: January 1 2010 (OPTIONAL) specific and cannot be more than five business days pri
ICLE V: Effective	date, if other than the disted, the date must be	ate of filing: January 1 2010 (OPTIONAL) specific and cannot be more than five business days pri
ICLE V: Effective effective date is lis	date, if other than the disted, the date must be slate of filing.)	ate of filing: January 1 2010 (OPTIONAL) specific and cannot be more than five business days pri
ICLE V: Effective effective date is list	date, if other than the disted, the date must be slate of filing.)	ate of filing: January 1 2010 (OPTIONAL) specific and cannot be more than five business days pri
ICLE V: Effective effective date is lis	date, if other than the disted, the date must be slate of filing.) GNATURE:	ate of filing: January 1 2010 (OPTIONAL) specific and cannot be more than five business days pri
ICLE V: Effective effective date is lis	date, if other than the disted, the date must be slate of filing.) GNATURE: Signature of a member (In accordance with sections)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
ICLE V: Effective effective date is lis 90 days after the d	date, if other than the disted, the date must be slate of filing.) GNATURE: Signature of a member (In accordance with section of this document constitution)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

