

L10000033328

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(Address)

(City/State/Zip/Phone #)

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2010 MAR 25 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Decking of Florida

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:

Johnny Matthews

Name of Person

Cape Cement and Supply, Inc.

Firm/Company

645 Commercial Park Pl

Address

Cape Coral, FL 33991

City/State and Zip Code

johnny@capebuildingsupply.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Matthews

Name of Person

at (239) 283-3846

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:

Premium Decking of Florida 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:

645 Commercial Park Pl

Cape Coral, FL 33991

Mailing Address:

P.O. Box 151206

Cape Coral, FL 33915

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:

Johnny Matthews

Name

645 Commercial Park Pl

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

Cape Coral, FL 33991

FL

City, State, and Zip

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2010 MAR 25 PM 12:48
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TALLAHASSEE, FLORIDA

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)

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

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

2010 MAR 25 PM 12:48

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Richard K. Knight

1511 SW 58th Lane

Cape Coral, FL 33914

MGRM

Kelly Knight

1511 SW 58th Lane

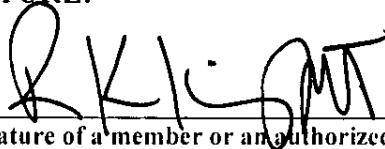
Cape Coral, FL 33914

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 18, 2010. (OPTIONAL)

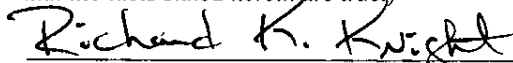
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)