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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 8 2010
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations						
SUBTROT: Patrick's	s Designs in Wood, LL	C					
Septen.		ted Liability Compa	iny	· · · · · · · · · · · · · · · · ·			
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	ζ.				
Please return all corresp	condence concerning this man	tter to the following	.				
Michael G. Pa	atrick						
		Name of Person					
		Firm/Company					
2432 Summe	rlin Drive				إسا		
		Address				10	
Clearwater, F	L 33764				金融	JUN 7 PH 1:26	
		ty/State and Zip Code	;	• "	33S:	⁻ 7	Î
mgpatr@gma	il.com E-mail address: (to be used	C				70	
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For further information	concerning this matter, pleas	e call:			AC	8	
Michael G. Patrick		at (_727	536-5190		<u> </u>		
Name	of Person	Area Code	& Daytime Telep	hone Number			
Enclosed is a check for	or the following amount:						
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Fili Certificate Certified C (additional co	of Status	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	on Section of Corporations uilding cutive Center Co ee, FL 32301	ircle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Liability Company is:							
Patrick's Designs in Wood, LLC							
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address:						
2432 Summerlin Drive	2432 Summerlin Drive						
Clearwater, FL 33764	Clearwater, FL 33764						
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another						
The name and the Florida street address	of the registered agent are:						
Michael G. Patrick							
	Name						
2432 Summerlin D	rive To P						
Florida :	street address (P.O. Box NOT acceptable)						
Clearwater	FL 33764						
	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)
Page 1 of 2

EFFECTIVE DATE (0/1/10

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Michael G. Patrick 2432 Summerlin Drive Clearwater, FL 33764 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: June 1, 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.

Filing Fees:

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

Michael G. Patrick

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee