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AUG 31 2010

EXAMINER

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COVER LETTER

TO: Registration Division of C			
SUBJECT: Pol	Name of Limi	ted Liability Company	working
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	,
Please return all corre	spondence concerning this man	tter to the following:	
Ric	K POPGE	•	
		Name of Person	
		Firm/Company	
2120	LONGVIEW DI	Address	ASS T
11/A	11-51- El	アクラップ	má e m
JALLAI	7.4.5.) EE	Address 32307 ty/State and Zip Code COM for future annual report notification)	<u> </u>
RICK	DODGE A MAIL E-mail address: (to be used	for future annual report notification)	20 PM
	concerning this matter, pleas		
Rick Po	PGE e of Person	at (_ 750 _) <u>228</u> - Area Code & Daytime Telep	2735 hone Number
Enclosed is a check t	or 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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PODGE GUITARS AND FINE WOODWORKING 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:	Mailing Address:		
2120 LONGVIEW DRIVE TALLAHASSEE FLORIDA	SAME	SECOND.	
<u> </u>		22 T	Harden .
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		individual or anoi	ner 👅
The name and the Florida street address of the re	gistered agent arc:	JRIDA	9
RICK PODGE Name			
2120 Lonburgue Florida street addre	ess (P.O. Box <u>NOT</u> acceptable	2)	
TALLAHASSEF City, State	FL 32303 e, 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 (XEQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	RICK POPEE 2120 LONG VIEW DR TALLAHASSEE FLORIDA
	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO
	ASSEE FL
	07 10 20 20 20 20 20 20 20 20 20 20 20 20 20
(1)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTION be specific and cannot be more than five business date of a member.
ffective date is listed, the date must it days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with some	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjury

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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