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J. SAULSBERRY EXAMINER MAR 0.7 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Paul m wood work 2 L C 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:
PAUl Copeland 1 - Name of Person
PAIM wood work LLC
Po Box 698
Chattahocd-e FA 3232 48 1
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (
Enclosed is a check for the following amount:
\$\text{\$\text{S125.00 Filing Fee}}\$\$ \$\text{\$\text{S130.00 Filing Fee}}\$\$ \$\text{\$\text{Certified Copy}}\$\$ (additional copy is enclosed) \$\text{\$\text{Certified Copy}}\$\$ (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

I Prol Copelan 2 9- Will not USE Prol C-WOOdWork In My LLC Corp.

> Signe Poul Capelon 3 Dotte 3/7/11

> > DII MAR -7 PM 12: 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Paul M Woodwork LLC

(Must end, with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Chattahoochee FA 32324 Chattahooc	hee!	Z 3	2329	~
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:	SEC2	0 H		
PAUL Copeland >r	ETARY	AR -7		€.
6967 Bunnie Hill Bel Florida street address (P.O. Box NOT acceptable)	OF STA E.FLOA	PH 12:		
Chattahaochee FL 32324	ORIDA	+1	•	

Mailing Address:

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)

<u>Titl</u> "MO	<u>e:</u> 3R" = Manager	ager or Managing Member is a Name and Address:	as follows:
	GRM" = Managing Member	PANI COPE POBOX 698 CHAHLAGOO	eland J- 400 FA 32329
·			ZOII M
· 			AR -7 PMI
(Use	e attachment if necessary)		ORIDA L
(If an effecti	V: Effective date, if other than the date is listed, the date must s after the date of filing.)	be date of filing: be specific and cannot be mo	re than five business days prior
DE	QUIRED SIGNATURE:		

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed flame 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)