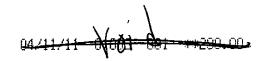
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T. CLINE

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**EXAMINER** 

DEFARM IT DE FATE SECRETARY OF STATE DIVISION OF CORPORATIONS ARLAHASSEE, PLORIDA TARLAHASSEE, PLORIDA

M 8:34 11 APR II AM 9:16

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jashin's Carpentry LLC 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:	
Justin David Vallancas	
Justin's Capterty LLC Firm/Company	
30 Chie Kat tra-/	
Coan Roschille FL 32327 City/State and Zip Code	
City/State and Zip Code	<del>,</del>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	·.
Tuskin Vuillancourt at (850) 5/9  Name of Person Area Code & Daytime Tel	- 92 8 3 lephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 32301	ns SSA

.4-11-11

I will not reinstate Doc#20600086343

Justin's Carpentry LLC.

John Vander



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	<b>:</b>	
Justinis Carpentry LL	C	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "I	LC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:	
30 chicket truit	Same	As
(rawland wille FL		
3232 /		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	stered Agent. You must design	l Agent's Signature: ate an individual or another
The name and the Florida street address of the	registered agent are:	
Justin Vaillan	Smal	
Name		<del></del>
30 chrkol	4.5/	
Florida street ad	dress (P.O. Box <u>NOT</u> accep	otable)
Cra ~ Corderille City, S		
City, S	tate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po- accept the obligations of my position as regi	this certificate, I hereby ty. I further agree to col erformance of my duties	accept the appointment as mply with the provisions of all , and I am familiar with and d for in Chapter 608, F.S.
Registered Agent's Signa	ture (REQUIRED)	11 APR I
(CONTIN	,	SECTION SECTIO
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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	, , , , ,
MGRM	Justin Vaillancourt
	30 Chickent trail
	combodaille FL 32327
MGR	0 1 1/1/
<u> </u>	Debra Vaillancoyet
	cra fordise FL 32327
·	
•	
(TT () 1 () 10 ()	
	date of filing: (OPTIONAl specific and cannot be more than five business day
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	
LE V: Effective date, if other than the offective date is listed, the date must be	
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CLE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608.4	specific and cannot be more than five business day  or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the confective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608.4 constitutes an affirmation under	especific and cannot be more than five business day or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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