L11000101183

/D	equestor's Name)	
971)	rquesioi s Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300211144643

09/02/11--01031--010 **125.00

FILED RECEIVED

11 SEP-2 PM 2: 33 11 SEP-2 PM 2: 27

SECRETARY OF STATE DESCRIPTION OF STATE OF STATE

C. LEWIS

SEP -2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Edwards Carpentry L1.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:
Joel Dustin Edwards Name of Person
Edwards Carpentry LLC
100 little Sycamore rd
Our La Flands 13 Quaha Con Dusty Flands 13 Quaha Con
For further information concerning this matter, please call: Distributed Area Code & Daytime Telephone Number Area Code & Daytim
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{ \$\sum_{130.00}\$ \text{Filing Fee & Certificate of Status} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{155.00}\$ \$
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:

(Must end with the words "Limited Unability Company, "L.E.S.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

100 little Sucamurera Quincy, H13235/	Coliffe Suca	mare) ro	
Quincy	ered Agent. You must designate an individ		

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)

FILED

ARTICLE IV- Manager(s) or Ma	naging Mambar(e)	
The name and address of each Man	ager or Managing Member is as f	follows: 11 SFP -9 PM 2.00
The name and address of each Man	ager or ividinaging ividinoer is as i	Onows. 2 47, 2:31
<u>Title:</u>	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIC
"MGR" = Manager	Manie and Address.	ALLAHASSEE, FLORID
"MGRM" = Managing Member		
	, , ,	
MCRM	Dusty Falu	١ کوري
	100 little s	ucanere 50
`	QUIPCY, F	1 32:35
!	37	3
<u> </u>		
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
·		
		
		
(Use attachment if necessary)		
(Ose attachment if necessary)		
TCLE V: Effective date, if other than t	ne date of filing:	. (OPTIONAL)
n effective date is listed, the date must		
90 days after the date of filing.)		in a submess and a prior
•		
REQUIRED SIGNATURE:		
	-1 :-	
b Dust	y Eduard S	
Signature of a mem	ber dr an authorized representative o	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. 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.)

Syped 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)