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SECRETARY OF STATE FALLAHASSEE, FLORID,

W12: 794

J. BRYAN

JAN 23 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Wolff Carpentry L.L.C. Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
-	Tecl C Wolff III
	e t
-	Firm/Company
	7141 Java Dr
	Address Andress
-	Sarasota F1 34241 Fig. 2 City/State and Zip Code
	SaraSota F1 39291 F1 3929 F1 City/State and Zip Code TedWolff3@gmail.com E-mail address! (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
<u></u>	Ted Wolff at 941 780-3609 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.00	Filing Fee \$\sum_{\text{S130.00 Filing Fee}} \& \sum_{\text{S155.00 Filing Fee}} \& \sum_{\text{S160.00 Filing Fee}} \& \text{Certificate of Status} \& \text{Certified Copy} & \text{(additional copy is enclosed)} \end{additional copy is enclosed}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2012

TED C. WOLFF III 7141 JAVA DR SARASOTA, FL 34241

SUBJECT: WOLFF CARPENTRY L.L.C.

Ref. Number: W12000000794



We have received your document for WOLFF CARPENTRY L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P10000091143, WOLFF CARPENTRY INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 012A00000295

Document # P10000091143

To: Florida Department of state

This letter has been written by Ted Wolff(owner and operator of Wolff Carpentry Inc). I have no intentions of reinstating wolff carpentry inc., therefore I am releasing the company name for use to another entity. If there are any questing about the above statement I can be reached at 941 780 3609. Thank you.

Sincerely,

Ted wolff

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SECRETARE DE STATE
SECRETARES EE, FLORID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: PO Box 51674 Sacasota F13424 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida street address of the registered agent are: Ted Wolff Name Tidl Java Dr. Florida street address of the registered agent are: Having been named as registered agent and to accept service of process for the above stated 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 al 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)	ARTICLE I - Name: The name of the Limited Liability Company is:			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: POBOX 51674 Sarasota F13424 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Ted Wolff Name Tidd Java Dr. Florida street address (P.O. Box NOT acceptable) Sarasota FL 34241 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.				
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Registered Agent's Signature (REOUIRED)				
	Registered Agent's Signatu	re (REQUIRED)		

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Ted C Wolff III 7141 Java Dr. SGrasota FI 34241
	JAI 630 16 F1 34241
	TASE TO TAKE
	THE
	PH 3: 24
(Use attachment if necessary)	Dri F

ARTICLE V: Effective date, if other than the date of filing: $\frac{1}{202}$. (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.

(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.)

Ed C, Wolff

Typed or printed name of signe

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)