## L12000016518

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
		•
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	Filling Officer.	

Office Use Only



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EFFECTIVE DATE

FILED

12 FEB -3 AM 9: 39

SECRETARY OF STATE
TANDAMSSEF FLORIDA

## **COVER LETTER**

•	
TO: Registration Section Division of Corporations	•
SUBJECT THAVIS (Name	Of Limited Liability Company
The enclosed Articles of Organization and for	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
JASON	M. TRAVIS
	Name at Percan
JAY TRAVIS	CARPENTRY, UC
1057 SW GA	HATADOR AVE
	Address
POUT ST. LUC	1E, R 34953 City/State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	er, please call:
JASON M. TRAN	at (772) 801-702(e Arca Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of St	
Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2011

JASON M. TRAVIS 1057 SW GASTADOR AVENUE PORT ST. LUCIE, FL 34953

SUBJECT: TRAVIS CARPENTRY, LLC

Ref. Number: W11000062574

We have received your document for TRAVIS CARPENTRY, LLC and your check(s) totaling \$160.00. 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 existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 411A00027982

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	ipany is:	
JAY TEAVIS CHEPENS (Must end with the words "Lim  ARTICLE II - Address:	nited Hability Company, "L.L.C.," or "LLC.")	
Principal Office Address:	of the principal office of the Limited Liab  Mailing Address:	oility Company is:
1057 SW GASTADUR AVE PORT ST. WITE, A 3495	53 SAME	
	egistered Office, & Registered Agent's S own Registered Agent. You must designate an individu	
The name and the Florida street address	of the registered agent are:  W. M. TRAUIS  Name	12 FEB SECKET TALLAH
1057 SW Florida	street address (P.O. Box NOT acceptable)	ARY OF S
DOET ST	City, State, and Zip	9: 39 STATE LORIDA

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)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGR	JAJON M. TRAVIS
	1057 SW GASTADON AVE
	DOLT ST. LUCIE, PR 37953
-	
	**************************************
<del> </del>	,
(Use attachment if necessary)	1
(Coo attachment is second )	,
•	1.1
	than the date of filing: 2/1/17 (OPTIONAL)
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CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.)  REQUIRED SIGNATURE:	member or an authorized representative of a member.
ICLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance with se constitutes an affirmation)	member or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of  (In accordance with seconstitutes an affirmation arm aware that any factors.)	member or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true also information submitted in a document to the Department of State
CLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmate am aware that any factors.)	member or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.

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)

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