

L12000033865

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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800223085088

Effective Date 03/06/12

03/08/12--01007--005 **130.00

FILED
2012 MAR -8 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR -9 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEFENCE 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:

CARLOS DEL CARPIO

Name of Person

DEFENCE CARPENTRY LLC

Firm/Company

10845 SW 112 AVE #103

Address

MIAMI FL 33176

City/State and Zip Code

carlosdelcarpio73@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS DEL CARPIO

Name of Person

at (786) 308 1802

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

I CARLOS DEL CARPIO CERTIFIED OF BEING
THE PRESIDENT OF DEFENCE CARPENTRY CORP.
AND HAVE NO INTENTION OF REINSTATE SAID
CORPORATION. BEING THAT THE CASE I WOULD
LIKE TO KEEP THE NAME ON MY NEW
LIMITED LIABILITY COMPANY, DEFENCE
CARPENTRY LLC.

SINCERELY
CARLOS DEL CARPIO
786 308 1802

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEFENCE CARPENTRY LLC

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

ARTICLE II - Address:

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

Principal Office Address:

10845 SW 112 AVE
103
MIAMI FL 33176

Mailing Address:

10845 SW 112 AVE
103
MIAMI FL 33176

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:

Effective Date 03/06/12

RENEE N. OVALLE

Name

10835 SW 112 TH AVE. apt. 102

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33176

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.

Renee Ovalle

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

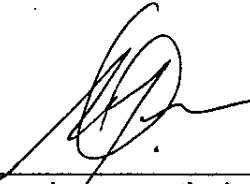
CARLOS DEL CARPIO
10845 SW 112 AVE #103
MIAMI FL 33176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/06/12 (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.)

CARLOS DEL CARPIO

Typed 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)