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RECELLARY OF SIAM

J. BRYAN

MAY 11 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GOODN'CH Carpentry LC. 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:
Christopher Tames Goodnich
Name of Person
Firm/Company
68 WN Write Rd
Chn'stgodnich & yahw. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chn'stopher Gouling at (850) 442-9009 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address

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:		
Goodn'ch Carpentey L.C. (Must end with the words "Limited Liability Campany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Companyis:		
Principal Office Address: Mailing Address:		
68 Will White Rd 68 Will White Rd Ourney, Fl 32351 Quency, Fl 32351		
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:		
Florida street address (P.O. Box NOT acceptable)		
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		
C Dookagety		
Registered Agent's Signature (REQUIRED)		

(CONTINUED)

ARTICLE IV- Manager(s) or M	Ianaging Member(s): anager or Managing Member is as follows:
The name and address of each wa	mager of Managing Member is as follows.
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Christopher J. Goodnich To
MBRN	TRICIA K. Goodnich [88 Will White Rd Dividicia El 22251
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized representative of a member.
(In accordance with section constitutes an affirmation I am aware that any false i	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State Felony as provided for in s.817.155, F.S.)
Christop	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)