12000082119

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
-		
JUN 21 2012		
ANK ET FRIE		
L. SELLERS		

Office Use Only



500235965755

06/21/12--01008--024 **125.00

SECRETARY OF STATE ALLAHASSEE, FLORID

RECEIVED

TIL EU

COVER LETTER

Division of Corporations	
SUBJECT: CRAIG'S CARPENTR	
Name of Limited	MLiability Company
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
STEVE CRAIG	Name of Person
CRAIG'S CARPE	NTR. 4 Firm/Company
2598 PANTHER	CREEK RD. Address
TALLAHASS ER City	FL 32308 State and Zip Code
CRA(GSCARPEA)TRY LL E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please	call:
Name of Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \tag{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

Name		
2598 PANTHER CLEEK RD. Florida street address (P.O. Box NOT acceptable)		
TALLAHA SSEE FL 32308 City, State, and Zip		
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply wi statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	the appoir th the prov am familia	ntment as visions of all or with and
Registered Agent's Signature (ILEQUIRED)		ৰ্ড
(CONTINUED)	AND SE	Ē "T
Page 1 of 2		: m

The name and the Florida street address of the registered agent are:

MGRM" = Managing Member	Name and Address:
MGRM	STEUE CRAIG 2598 PANTHER CREEK RO. TIALLAHASSEE, FI. 32308
Use attachment if necessary)	
E V: Effective date, if other than the ective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIO) ne specific and cannot be more than five business of
Signature of a memb	er or an authorized representative of a member.
	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
constitutes an affirmation unde I am aware that any false infor constitutes a third degree felor	mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
constitutes an affirmation unde I am aware that any false infor constitutes a third degree felor	