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SELUCIONITY OF STATE
ALLAHASSEE, PLOKID.

DEPARTMENT OF STATE

D. BRUCE

SEP 0 6 2012

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: MAYNEW CARPENTRY LLC Name of Limited Liability Company		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	DAUID G. MAYHEH		
	MAUNEA CARPENTRY LLC		
-	Firm/Company		
	316 MARK AUE		
	Address  TAILA, MA. 32304 32304  City/State and Zip Code	\$ 9EP -	77
	en e	თ 	
_	E-mail address: (to be used for future annual report notification)		
For furt	ther information concerning this matter, please call:	25	_
D	Name of Person Area Code & Daytime Telephone Number		
Enclos	sed is a check for the following amount:		
\$125.00	Filing Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}}\$\int_{\text{S155.00 Filing Fee & Certificate of Status}}\$\int_{\text{S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}\$\int_{S160.00 Filing Fee, Certified Copy (additio	)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(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:	Mailing Address:		
-TATIA. FIA. 32304	FA 316 MARK	40E 2304	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent, You must designate an individ	Signature:	STO MARKET
	MAINEN	EP-6 AM HASSEE,	
TALLAMASSEE	ddress (P.O. Box NOT acceptable)	FLORIDA	Ü
City, S	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..

Registered Agent's Signature (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> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member  MGRM	DAUTD G. MAYNEW 316 MARK HUE TALANASSEE, FIA. 32304			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) e specific and cannot be more than five business days prior			
REQUIRED SIGNATURE:				
(In accordance with section 608 constitutes an affirmation unde I am aware that any false information in the section of the se	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State			
constitutes a third degree felon	y as provided for in s.817.155, F.S.)			

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)

Typed or printed name of signee