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Office Use Only

EFFECTIVE DATE 10/15/12



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APPROVED AND FILED

D. BRUCE

OCT 18 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Harbor Framing LLC			
00202011	nited Liability Company		
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Barbara Priborsky			
	Name of Person		
Harbor Framing LLC			
	Firm/Company		
950 Tamiami Trl Unit 101			
ooo rannam 117 Onit 101	Address		
			•
Port Charlotte, FL 33953			
	City/State and Zip Code	72	
Barbara@CharlotteDevelopme	ent.com d for future annual report notification)	12 007	
For further information concerning this matter, plea	المح والم		
Dankana Drikanala	ing.	7 PH 12: 51	Sec. 2
Barbara Priborsky	at (941) 629-8886	$\dot{\Sigma}$	
Name of Person	Area Code & Daytime Telephone Number	56	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Harbor Framing LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
950 Tamiami Trl Unit 101 Port Charlotte, FL 33953	950 Tamiami Trl Unit 101 Port Charlotte, FL 33953
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the r	
Ronald J. Oskey	
Name	2: 5 STAT ORI
950 Tamiami Trl	Unit 101
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Port Charlotte	33053

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



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

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

MGRM	Ronald J Oskey	
	950 Tamiami Trl Unit 101	
	Port Charlotte, FL 33953	
MGR	John Garrett Kizer	
	2445 Flora Lane	
	Punta Gorda, FL 33950	
		2 OCT 17 PM ECRETARY OF LAHASSEELFI
(Use attachment if necessary)		MI2: 56

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.)

Ronald J Oskey

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)