1/16/13

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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116 PM 2:	ASSEE, FE	Division of Cor Fax Number	rporations : (850)617-6383
13 JAN 16	SECRETALLAH FALLAH		: 104662003400
		Phone Fax Number	: (516)935-3940 : (516)935-3088

\*\*Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address pleass, \*\* - C

Boots Address: mikewillsee@yahon.rom

NAN 16 AM OF

## FLORIDA LIMITED LIABILITY CO.

Mike Legge's Trim Carpentry LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

B. BOSTICK

JAN 17 2013

EXAMINER

H13000012532

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE! - Name

The name of the Limited Liability Company is: Mike Legge's Trim Carpentry 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:		
4888 Kirk Road	<u> </u>	4888 Kirk Road		
Lake Worth, FL 33461	<del></del> .	Lake Worth, FL 33461		
ARTICLE III - Registered The name and Florida street addre		e & Registered Agent's Signature	13 JAN 16 SECRETARY	77
	Mirtiaal Fedda	Name	THE R	O
	4888 Kirk Road (P.O. Box or M	ail Drop Box NITI Acceptable)	8: 34 STATE FLORIDA	
	Lake Worth, FL 334	B1		
	(Ci	y / State / 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 - Michael Legge

ARTICLE IV - Manager(s) The name and address of each Ma	or Managing Mcmber(s); mager or Managing Mcmber is as follows:	H13000012532
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Michael Legge - 4888 Kirk Road, Lake Wor	th. FL 33461
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
	Maller	
Signatur	of a member or authorized representative of a men	mber.
document o	ance with section 608.408(3), Florida Statutes, the exconstitutes an affirmation under the penaltics of perjoin are true.)	
	Michael Legae	
	Typed or printed name of signee	FILED  13 JAN 16 AM 8: 34  SECRETARY OF STATE TALLAHASSEE, FLORIDA