## L13 000033344

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	ı
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAR 5 2013 T CLINE SEGRETARY OF STATE ALLAHASSEE, FLORIO!

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Rockin J Woodcrafts LLC.

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:

Tallahassee, FL 32314

JD Loc	kerby			
		Name of Person		
		Firm/Company	<del></del>	
4040 81	th Ave Ne			
<del></del>	· · ·	Address		<del></del>
Naples	FI 34120			201 FAL
huntnsnoo	ok73@aol.com	y/State and Zip Co		GRETARY LAHA(SE
For further information  JD Locker	E-mail address: (to be used concerning this matter, please		280-8979	-4 AMIL: 12 RY OF STATE SEE, FLORID
	of Person	at (Area Coo	de & Daytime Telephone Nu	ımber ~
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	opy Certif py is enclosed) Certif	00 Filing Fee, Ficate of Status & Fied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registra Divisio	Courier Address ation Section n of Corporations Building	

2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Rockin J Woodcrafts LLC.		<del> </del>
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
4040 8th Ave Ne	4040 8th Ave Ne	
Naples Fl 34120	Naples FI 34120	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the results of the resul	ered Agent. You must designate an indivergistered agent are:  ress (P.O. Box NOT acceptable)	S Signature:  2013 No4 MILE 12  S Signature:  AND -4 MILE 12
	FL ite, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature.	his certificate, I hereby accept to ity. I further agree to comply we performance of my duties, and gistered agent as provided for it ure (REQUIRED)	the appointment as with the provisions of d I am familiar with
(CONTIN	ued)	

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:

NCD	IO Landonsky
MGR	JD Lockerby 4040 8th Ave Ne
	Naples Fl 34120
	Pico I
(Use attachment if necessary)	
LE V: Effective date, if other than the	he date of filing:
ffective date is listed, the date mu	ist be specific and cannot be more than five busin
or 90 days after the date of filing.)	
DECLUDED CLONATUDE.	
REQUIRED SIGNATURE:	

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

constitutes a third degree felony as provided for in s.817.155, F.S.)