2/3000/54057

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #),		
PICK-UP WAIT	<u></u>	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificate	es of Status	
Special Instructions to Filing Officer:		
	-	
Certified Copies Certificate Special Instructions to Filing Officer:	es of Status	

Office Use Only



300253143753

10/31/13--01027--027 **160.00



EFFECTIVE DATE 01/01/14

NOV 0 1 2013

D. BRUCE

COV	ER LETTER		*
TO: Registration Section Division of Corporations	and the second s	••	
SUBJECT: PDL carpentry LI	LC		
	nited Liability Company		
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	•	
Please return all correspondence concerning this m	natter to the following:		
Paul Leverentz			
	Name of Person		
PDL carpentry LLC		- Ste	20
	Firm/Company	Contraction (Contraction)	20 1 3 O
4422 Groveland Ave	8		0CT 3
	Address		
Sarasota FL 34231			PH 2
	City/State and Zip Code	72 K	ာ် သ
pleverentz@gmail.con	d for future annual report notification)		
	,	• 1	
For further information concerning this matter, plea			
Paul Leverentz	_{at} 941 \ 5040376		
Name of Person	Area Code & Daytime Telephone	Number	
Enclosed is a check for the following amount:		:	
□\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cer	60.00 Filing Fee, rtificate of Status rtified Copy	&

Malling Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Strest/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:			
PDL carpentry LLC			
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
	rincipal office of the Limited Liability Company is:		
3			
Principal Office Address:	Mailing Address:		
Paul Leverentz	same		
4422 Groveland Ave			
Sarasota FL 34231			
business entity with an active Florida registration.) The name and the Florida street address of the r Paul Leverentz	egistered agent are:		
Name	20		
4422 Groveland Ave			
Florida street add	lress (P.O. Box NOT acceptable)		
Sarasota FL 34231			
City, Str	ate, and Zip		
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S		
Paul Leve	OFOURED)		
Registered Agent's Signat	ure (KEQUIRED)		

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/01/14

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: <u>JANUARY 1, 2014</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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 documents

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

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)

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

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

LEVERENTZ