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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bergstrom Carpentry and Design 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:

Eric Bergstrom	
	Name of Person
Bergstrom Car	pentry and Design
	Firm/Company
1804 Michelle	Lane
	Address
Lakeland FL 3	3813
	City/State and Zip Code
ericbbergstrom@gma	
E-mail add	ress: (to be used for future annual report notification)
urther information concerning this matte	er, please call:
ric Bergstrom	at (863) 232-7017
Name of Person	Area Code Daytime Telephone Number
5.00 Filing Fee \$\int \text{\$130.00 Filing Fe}\$ Certificate of Sta	se & \$155.00 Filing Fee & \$160.00 Filing Fee,

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:	
Bergstrom Carpentry and Design LLC		
	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1804 Michelle Lane	1804 Michelle Lane	
Lakeland FL 33813	Lakeland FL 33813	
	-	or
Lisa Tiedgen	te registered agent are.	
	Name	
4909 Whiteoak Dr W		
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
Lakeland	FL 33813	
Cit	zy Zip	
the place designated in this certificate, I he capacity. I further agree to comply with the	to accept service of process for the above stated limited liability concerby accept the appointment as registered agent and agree to act to provisions of all statutes relating to the proper and complete perfeccept the obligations of my position as registered agent as provide Chapter 605, F.S	t in this formance
	gent's Signature (REQUIRED)	
	Page 1 of 2	

1804	ergstrom Michelle Lane and FL 33813 . (OPTIONAL) of be more than five business days prior to or
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OUIRED SIGNATURE:	
OUIRED SIGNATURE:	
Signature of a member or an au (In accordance with section 605.0203 (1) (I constitutes an affirmation under the penalt I am aware that any false information subr	thorized representative of a member.), Florida Statutes, the execution of this docume es of perjury that the facts stated herein are true litted in a document to the Department of State
constitutes a third degree felony as provide	d for in s.817 155 F.S.)
Typed or prii	ted name of signee
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Filing 25.00 Filing Fee for Articles of Organization and	ted name of signee
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