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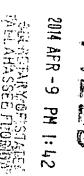
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Certified Copies	_ Certificates	of Status
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Office Use Only



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MPRIO MIN D. BRUCE

COVER LETTER

Division of C	Corporations		
SUBJECT: SOP Ca	arpenrty LLC Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	eatter to the following:	
Sean Da	vid Palmer	Name of Person	
none		Firm/Company	
2152 Aca	ademy dr		
		Address	
Pensaco	a Florida 32514	City/State and Zip Code	
sdpcarpentry@	yahoo.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, ple	ase call:	201
Sean Palmer		850) 324-9252	HO TO
Nan	ne of Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for	or the following amount:		PA III
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	

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

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:		
SDP Carpentry LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2152 Academy dr Pensacola,Fl. 32514	2152 Academy dr Pensacola,FI. 32514	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an	individual or
The name and the Florida street address of the registered Sear David Pale Name 2157 Academy of Jack Florida street address (P.O. Box	ser Sonta 3	
lensocola City	FL 325-14 Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl	t the appointment as registered agent and co of all statutes relating to the proper and co	agree to act in this implete performance
Registered Agent's Signat		De man
(CONTINUI Page 1 of 2	ED)	-9 PH 1: 42

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Chris Tine Palmer
	2152 Academy dr.
	Pensacola,Fi. 32514
	
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(Use attachment if necessary)	
	of filing: (OPTIONAL)
E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days
E VI: Other provisions, if any.	
E VI: Other provisions, if any.	
E VI: Other provisions, if any. REQUIRED SIGNATURE	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE Signature of a mer	mber or an authorized representative of a member.
REQUIRED SIGNATURE Signature of a mer (In accordance with section 60:	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE Signature of a mer (In accordance with section 60: constitutes an affirmation under	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
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