

#L14000110893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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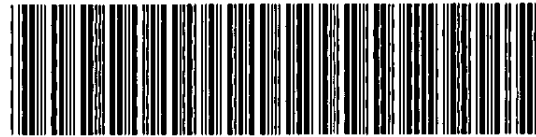
(Business Entity Name)

(Document Number)

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14 JUL 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 JUL 14 PM 3:04

DEPARTMENT OF REVENUE

K. SALLY
EXAMINER
JUL 14 2014

John Atford

Requester's Name

215 Dotts Court

Address

Tallahassee FL

City/State/Zip

81765-7911

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Woodys of Tallahassee, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

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☐ Will wait

☐ Photocopy

☐ Certified copy

☐ Certificate of Status

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AND
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14 JUL 14 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
WOOD YOU OF TALLAHASSEE, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the limited liability company is Wood You of Tallahassee, LLC.

**ARTICLE II
PURPOSE**

The purpose of the limited liability company shall include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

**ARTICLE II
ADDRESS**

The street and mailing address of the limited liability company is 5400 Touraine Drive, Tallahassee, FL, 32308.

**ARTICLE III
DURATION**

The term of the limited liability company shall be perpetual.


**ARTICLE IV
REGISTERED AGENT'S OFFICE AND SIGNATURE**

The name, street address and signature of the registered agent of the limited liability company are as follows:

Kathleen N. Carter, 5400 Touraine Drive, Tallahassee, Florida, 32308

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 in Chapter 605, Florida Statutes.



Kathleen N. Carter, Registered Agent

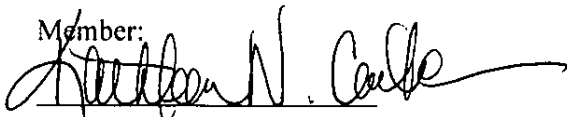
ARTICLE V MANAGEMENT

The limited liability company shall be member managed. The members are Kathleen N. Carter and William G. Carter, whose address is 5400 Touraine Drive, Tallahassee, FL, 32308, and each shall have the right and the complete power and authority to manage and operate the LLC in all transactions not exceeding \$50,000.00. For transactions exceeding \$50,000, the affirmative vote of the members is necessary.

ARTICLE VI EFFECTIVE DATE

The effective date of the limited liability company shall be the date of filing the Articles of Organization.

IN WITNESS WHEREOF, the undersigned member executes this document on July 14, 2014 to be effective upon filing with the Florida Department of State.

Member:

Kathleen N. Carter

(The execution of this document constitutes an affirmation under 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 constitutes a third degree felony as provided in s.817.155, F.S.)