L14000127467

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	 .
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200262584992

08/14/14--01024--002 **125.00

14 AUS 14 AM IO: 52

RECEIVED

SECRETARIES SAME



NUG 1 4 2014

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIKES CARPENTRY & Woodwork 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:
Michael Shulla
Name of Person
Milles CARPGUITAS + WOODWORK
Firm/Company
188 GRAY RO
Address
Quincy FC 32351 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 694-1878 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
Mailing Address Street/Courier Address

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:
Miles Carpentary & Woodwork LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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 office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
185 (20 RI) 185 CRAY RIS
185 CRAY RIS QUINCY FL 38351 Quincy FC 32381
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Name Name
185 GRAY 21
Florida street address (P.O. Box NOT acceptable)
Quincy FL 32351
City Zip
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 for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

SECRETATE OF ALLASASSES

\$0:11 W 11 9A

<u> itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	Michael Shulla
,	185 GRAY RIJ QUILMCV 126 32351
	CRUIUMCY /2C 3 x 331
	
	, , , , , , , , , , , , , , , , , , , ,
Use attachment if necessary)	of filing: (OPTIONAL)
V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sponling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any.	of filing:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees:

00:11 W 11 9/W 1