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Certified Copies	_ Certificates	of Status
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COVER LETTER ι

FO: Registration Section Division of Corporations					
SUBJECT: Pop's Woodworking & Such, 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:					
Bradley R. Smith					
Firm/Company					
3344 SE 141ST Place					
City/State and Zip Code DYSIIS @ Vahoo, Com E-mail address (to be used for future annual report notification)					
-					
For further information concerning this matter, please call:					
Bradley R. Smith at 352 812 - 2821 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

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:	
Pop's Woodworking (Must end with the words "Limited I	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:
3344 SE 141 st Place Summerfield FL 34491	Jame
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own hanother 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 a	R.Smith
3344 SE 14 Florida street address (P.O. Box Summer Fie 1d City	NOT acceptable) FL 34491 Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
Registered Agent Signatu	
(CONTINUE Page 1 of 2	AH 9: Q

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Bradley & Smith 3344 St 1415+ Place Summerfield FL 34491	
mgr_	Jacqueline Smith 33440 SE 141ST Place Summerfield FL 34491	
	filing: 1, 2015 (OPTIONAL) fic and cannot be more than five business days prior to or 90) day
te of filing.)		·
REQUIRED SIGNATURE:	10 ° 14	
REQUIRED SIGNATURE: Signature of a ment (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information.	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Ition submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
REQUIRED SIGNATURE: Signature of a ment (In accordance with section 605.0 constitutes an affirmation under the section and the section are that any false information constitutes a third degree felony and section are section.	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Ition submitted in a document to the Department of State as provided for in s.817.155, F.S.)	14.003

ARTICLE IV-