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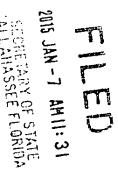
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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JAN 20 2015 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Luke's Co	arpentry "LLC." mited Liability Company
Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Randall	Name of Person
LuKe's C	Name of Person Arpentry LLC, Figh/Company
	Figh/Company
	House Road
0 '1	r/ 53037
	City/State and Zip Code
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Randall Luke at (City/State and Zip Code Code
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Luke's 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 office of the Limited Liability Company is:
Principal Office Address: 1019 Mystery House Rd. 1019 Mystery House Rd. Dave Nort FL 33837
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: Randall Shave Luke Name Name
Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager/	Kandall Share Luke 1019 Mystery House Road Davenport / FL 33837
	<u> </u>
	
(Use attachment if necessary)	
JE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	rdolf Trebe
(In accordance with section 60	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
I am aware that any false information constitutes a third degree felon	mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
RaNO	Typed or printed name of signee
	Filling Fees:
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	ganization and Designation of Registered Agent
\$ 5.00 Certificate of Status (Option	al)
	RA T