L15000079969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

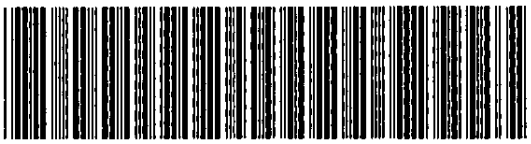
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: S&I S

G79963 need release letter
called - will fax

Office Use Only



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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Standard Works 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:

Daniel W Lawrence
Name of Person

Standard Works LLC
Firm/Company

P O Box 2936
Address

Ormond Beach, FL 32175
City/State and Zip Code

ginny140@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel W Lawrence at (386) 852-7581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

$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)

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

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Standard Works 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:**
1041 S Nova Rd	P O Box 2936
Ormond Beach, FL 32174	Ormond Beach, FL 32175

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:

Daniel W Lawrence
Name

1041 S Nova Rd
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach	FL	32174
City	State	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..

Daniel W Lawrence
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
AMBR	Daniel W Lawrence P O Box 2936 Ormond Beach, FL 32175
AMBR	Virginia G Lawrence P O Box 2936 Ormond Beach, FL 32175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
Any lawful purpose

REQUIRED SIGNATURE:

Daniel W Lawrence

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 for in s.817.155, F.S.)

Daniel W Lawrence
Typed or printed name of signee

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

Att: Stacey

I Daniel Lawrence have no intention of reinstating Corporation G79963. I am releasing the name to myself, to use as an LLC.

Daniel Lawrence 5/6/15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

850-245-6097

Fax 850 245-6030
stacey.mason@dos.myflorida.com