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15 NOV 24 PH 3: 11
SECRETARY TOTATE
ALLAHASSEET FLORIDA

COVER LETTER **

	gistration Section vision of Corporations		· .			
SUBJECT:	HOLY CARPENTRY, LLC					
	Name of Limited Liability Company					
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.			
Please retur	n all correspondence concerning this	matter to the fo	ollowing:			
	ADAM BECKER					
		Name of	Person			
		Firm/Co				
	1131 COVINGTON STREET	Piliti/Col	прану			
		Addre	ess			
	OVIEDO, FL 32765					
,	ADAMB121@ICLOUD.COM	City/State and	d Zip Code			
-	E-mail address: (to be us	sed for future a	nnual report notification)			
For further in	formation concerning this matter, ple	ease call:				
	ADAM BECKER	407	415-7014			
•	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is	a check for the following amount:		,			
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	O Filing Fee & \$160.00 Filing Fee, cd Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations	,	Street Address New Filing Section Division of Corporations			
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HOLY CARPE			
(Must	end with the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	office of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
1131 COVINGT	ON STREET		
OVIEDO, FL 32			
			
The Limited Liability Com	Agent, Registered Office, pany cannot serve as its own an active Florida registration	Registered Agent.	nt's Signature: You must designate an individual or
The Limited Liability Com another business entity with	pany cannot serve as its own	Registered Agent. 'on.)	
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. 'on.)	
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. on.) d agent are: Name	
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered ADAM BECKER	Registered Agent. `on.) d agent are: Name STREET	You must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered ADAM BECKER 1131 COVINGTON	Registered Agent. `on.) d agent are: Name STREET	You must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered ADAM BECKER 1131 COVINGTON Florida street address	Registered Agent. `on.) d agent are: Name STREET	You must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 KOV 24 PM 3: I

	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address: ADAM BECKER 1131 COVINGTON STREET		
	"MGR" = Manager MGR	_			
			OVIEDO, FL 32765		
			V 11000 (1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		•			
		•			

		•			
	(Use attachment if nece	ssary)			
(If an ef the date <u>Note:</u> I	ffective date is listed, the of filing.) If the date inserted in this	date must be specific an	: (OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as records.		
ARTIC	LE VI: Other provisions,	if any.			
	REQUIRED SIGNAT	URE:	3 1		
		10/M/W 1/2	W011		
		ionature of a member or	an authorized representative of a member.		
	This do I am av	cument is executed in according that any false information	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.		
	This do I am av constitu	cument is executed in according that any false information	cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State		

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)