

L16000031855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

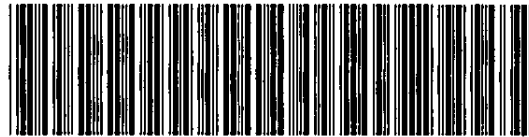
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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01/19/16--01024--013 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 11 PM 4:14

APPROVED
AND
FILED

W16-6693

Office Use Only

1/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carpentry Concepts of Sarasota 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:

Geoffrey Gilroy Murray
Name of Person
Carpentry Concepts of Sarasota
Firm/Company
2907 Bay City terrace
Address
North Port, FL, 34286
City/State and Zip Code
ggmurrayjr@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Najla Bray at (941) 979-2099
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)
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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

GEOFFREY GILROY MURRAY
2907 BAY CITY TERRACE
NORTH PORT, FL 34286

SUBJECT: (C.C.S, LLC) CARPENTRY CONCEPTS OF SARASOTA LLC
Ref. Number: W16000006693

We have received your document for (C.C.S, LLC) CARPENTRY CONCEPTS OF SARASOTA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 216A00002051

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carpentry Concepts of Sarasota 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:

2907 Bay City terrace
North Port, FL, 34286

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:

Najla Bray
Name
3106 Iverson St.
Florida street address (P.O. Box NOT acceptable)
Port Charlotte, FL 33952
City Zip

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TALLAHASSEE, FLORIDA

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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.

Najla Bray
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
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ARTICLE IV-

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

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

GEOFFREY MURRAY
2907 Bay City Terrace,
North Port, FL, 34286

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

GEOFFREY Gilroy MURRAY

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)