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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	GERALD HART CARPENTRY SERVICES, LLC			
SOBGECT.	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 following:			
	GERALD HART			
	Name of Person			
	Firm/Company			
	3826 GALT STREET			
	Address			
	NEW PORT RICHEY, FL 34655			
•	City/State and Zip Code			
_	E-mail address: (to be used for future annual report notification)			
For further in	formation concerning this matter, please call:			
ı	Gerald Hart 727 563-6121			
_	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 & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GERALD HART CARPENTRY SERVICES, LL (Must end with the words "Limited Liab	
RTICLE II - Address:	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3826 Galt Street	3826 Galt Street
New Port Richey, FL 34655	New Port Richey, FL 34655
	-
RTICLE III - Registered Agent, Registered Office, & Re	paistared Agent's Signature

Gerald l·lart

Name 3826 Galt Street Florida street address (P.O. Box NOT acceptable) New Port Richey 34655 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	<mark>`itle:</mark> AMBR" = Authorized l	Memher	Name and Address:
11	MGR" = Manager	viellise!	0.1111
<u></u>	MGR		Gerald Hart
			3826 Galt Street
			New Port Richey, FL 34655
_			
_			
_			
(l	Use attachment if neces	sary)	
CLE	V: Effective date, if ot	her than the date of filing	g: (OPTIONAL)
		date must be specific a	nd cannot be more than five business days prior to or 90 days after
	filing.)		and the block of the control of the
		block does not meet the the Department of State	applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date off	the Department of State	s s records.
ICLE	VI: Other provisions, is	Ť	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Gerald Hart

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)