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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	New Filing Section Division of Corporations		
SUBJI		Pirkle Carpentry LLC	
5000		mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Mr. James Pirkle		
		Name of Person	_
	James Pirkle Carpentry LLC		
		Firm/Company	_
	1007B Gloria Avenue		
		Address	<b>=</b>
	Fort Walton Beach, FL 32547		<b>福</b>
	james.pirkle@yahoo.com	City/State and Zip Code	
		d for future annual report notification)	— <u>To</u>
For furt	ner information concerning this matter, pleas	se call;	497 427 - 4 - 1
		888-8984	<u>.                                    </u>
	Name of Person	Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:		
	00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enc	s &
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		Carpentry LLC			
(Must contain the w	ords "Limited Lial	bility Company, '	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	the principal offic	e of the Limited	Liability Company is:		
Principal Office	Address:		Mailing Address:		
1007B Gloria Avenue		1007	B Gloria Avenue		
Fort Walton Beach, FL 32547	7	Fort '	Walton Beach, FL 32547		
ARTICLE III - Registered Agent. Reg	istered Office, & 1	— — —— Registered Agen	t's Signature:	<u> </u>	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot sanother business entity with an active Floring	serve as its own Re	gistered Agent. Y			
(The Limited Liability Company cannot sanother business entity with an active Flo	serve as its own Re orida registration.)	egistered Agent. Y			in the second
(The Limited Liability Company cannot s	serve as its own Re prida registration.) of the registered ag	egistered Agent. Y			
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(The Limited Liability Company cannot sanother business entity with an active Flo	serve as its own Re orida registration.) of the registered ag Jam N	egistered Agent. Y gent are: nes Pirkle		17 FER 10 FE	
(The Limited Liability Company cannot sanother business entity with an active Flo The name and the Florida street address of	serve as its own Re orida registration.) of the registered ag Jam N	gistered Agent. Y gent are: nes Pirkle Jame	You must designate an individual or		
(The Limited Liability Company cannot sanother business entity with an active Flo The name and the Florida street address of Florida	serve as its own Reported registration.) of the registered ag  Jam N 1007B G	gistered Agent. Y gent are: nes Pirkle Jame	You must designate an individual or		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR/MGR James Pirkle 1007B Gloria Avenue Fort Walton Beach, FL 32547 (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. None REQUIRED SIGNATURE: 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. James Pirkle 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)