

L17000117586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

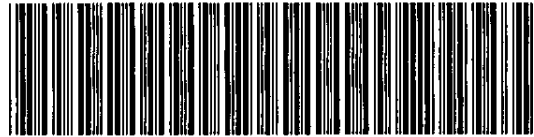
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF JOHN KATTMAN

Professional Association

**4069 Atlantic Boulevard
Jacksonville, Florida 32207
Phone: 904-398-1229
Fax: 904-398-1568**

Email: johnkattman@gmail.com

John F. Kattman
Charles W. Lammers (*Of Counsel*)

Beatrix B. Trado
Certified Legal Assistant

May 23, 2017

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Consolidated Carpentry, LLC

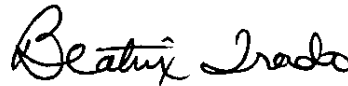
Dear Sir/Madam:

Enclosed please find the following:

1. Original Articles of Organization for Consolidated Carpentry, LLC for filing
2. Firm check made payable to Florida Department of State in the amount of \$155.00 (\$125.00 filing fee and \$30.00 certified copy fee)
3. Addressed and stamped return envelope.

If you have any questions concerning the enclosed documents, please do not hesitate to contact me at your convenience.

Very truly yours,



Beatrix B. Trado
Certified Legal Assistant

/bbt
Enclosures

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**ARTICLES OF ORGANIZATION FOR
CONSOLIDATED CARPENTRY, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability company is:

CONSOLIDATED CARPENTRY, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability

Company is: 85912 Haddock Road, Yulee, Florida 32097

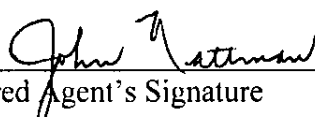
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Name: John Kattman

Florida Street address: 4069 Atlantic Boulevard
Jacksonville, Florida 32207

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 of the Florida Statutes.



Registered Agent's Signature

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ARTICLE IV - PERSONS AUTHORIZED TO MANAGE AND CONTROL

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

<u>Title</u>	<u>Name and Address</u>
Authorized Member	Alexander Robert Boshart 85912 Haddock Road Yulee, Florida 32097

ARTICLE V: EFFECTIVE DATE

The effective date is the date of filing.

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 section 817.155 of the Florida Statutes.

Dated: 5/23/17

Alex Boshart
Alexander Robert Boshart

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