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(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	<u>-</u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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COVER LETTER

TO: New Filing Section

Division of Corporations
SUBJECT: The MSJ Carpinter 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:
July Antonio Acosta Name of Person
The Mst Carpenter LLC
1517 Blontstown St Address
City/State and Zip Code Rosse (abrera 123 @ yahoo. Gen E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
July Acosta at 850 Out-1389 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION TORT EOMONES AT THE SECOND STATES	
ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	_
(Must contain the words Elimited Elabinty Company, E.E.C., or EEC.)	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
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:	\hat{y}_{i}^{j}
July A. Acorta	* <u>.</u>
Florida street address (P.O. Box NOT acceptable)	ည်း ကို
Tallahassee FL 32304 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

itle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
Manager	July Acosta
. 3	Tallehassee, FL 32304
	
	
Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	pecific and cannot be more than five business days prior to or 90
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I July Antonio Acosta have no intentions of reinstating the MST Carpenter LLC #LIGO00100624 and i release the name.

July Antonio Acosta