

L180000216071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

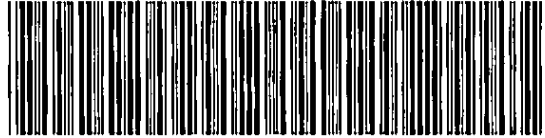
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900318232649

05/12/18--01013--030 **160.00

FILED

SEP 12 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE

SEP 13 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DETTER CARPENTRY 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:

Shannon Eugene. DETTER
Name of Person

DETTER CARPENTRY LLC
Firm/Company

2 Eyeview Road
Address

Candler NC 28715
City/State and Zip Code

DETTERCARPENTRY@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon DETTER at (863) 838-2853
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)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DETTEN CAPENTRY LLC
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2 Eyerview Rd</u>	<u>142 Stonegate Pass</u>
<u>Candler NC</u>	<u>davenport</u>
<u>28715</u>	<u>FL 33897</u>

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:

Shawven E. Detten
Name
142 Stonegate Pass
Florida street address (P.O. Box NOT acceptable)
davenport FL 33897
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..

Shawven E. Detten
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SEP 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

"MGR" = Manager

AmBR

Becky L. Dettler
2 Eyewitw Rd
Candler NC 28715

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

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.

Shannon E. DeTter

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
SEP 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA