

L18000270666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

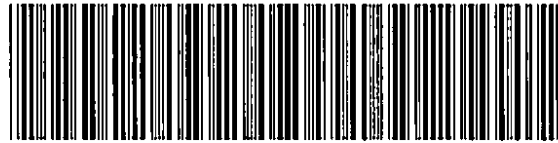
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NOV 26 2018



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2018 NOV 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/26/18--01018--001 **130.00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 26 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A + D DESIGNER DECK + FENCE 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:

TERESA WOODARD
Name of Person

185 TOMMY TRAIL
Address

QUINCY, FL 32351
City/State and Zip Code

TAPROBJECKY @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA WOODARD at (850) 591-3843
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:

A+D DESIGNER DECK + FENCE 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:

Principal Office Address:

Mailing Address:

21177 NE K+K RD LOT 9

21177 NE K+K RD LOT 9

HOSFORD, FL 32334

HOSFORD, FL 32334

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:

TERESA WOODARD

Name

185 TOMMY TRAIL

Florida street address (P.O. Box **NOT** acceptable)

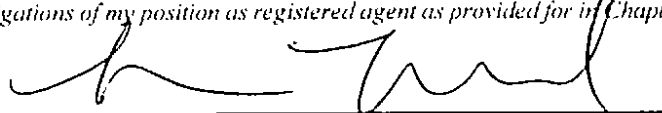
QUINCY FL 32351

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)

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CLERK OF STATE
ALLAHASSEE, FL 32309

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR ~~AMBR~~

MGR

Name and Address:

DAVID SHANE WOODARD
185 TOMMY TRAIL
QUINCY, FL 32351

CHARLES BRANN
607 FRANKIE LN
TALLAHASSEE, FL 32310

(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.

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.

TERESA WOODARD

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)

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2010 NOV 26 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL 32310