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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CUTTING EDGE CARPENTRY & CUSTOM FINISHES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 25 PM 12:11

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**2019 JUL 25 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE I NAME

The name of the Limited Liability Company is:

CUTTING EDGE CARPENTRY & CUSTOM FINISHES LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3728 FORSYTHE WAY

TALLAHASSEE, FLORIDA 32309

ARTICLE III REGISTERED AGENT

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

JAMES O'TOOLE

3728 FORSYTHE WAY

TALLAHASSEE, FLORIDA 32309

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.

X /s/ James O'Toole

JAMES O'TOOLE / Registered Agent's signature

H19000222343 3

H19000222343 3

PAGE 2 CUTTING EDGE CARPENTRY & CUSTOM FINISHES LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

JAMES O'TOOLE

3728 FORSYTHE WAY

TALLAHASSEE, FLORIDA 32309

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TALLAHASSEE, FL

.....

X /s/ James O'Toole
JAMES O'TOOLE / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

H19000222343 3