

1/3/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: timhartman1971@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.
HARTMAN'S FINISHED CARPENTRY, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
HARTMAN'S FINISHED CARPENTRY, LLC**

ARTICLE I - NAME

The name of the limited liability company is **Hartman's Finished Carpentry, LLC**, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
11285 La Coruna Lane
Bonita Springs, Florida 34135

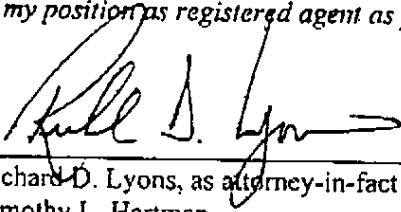
Mailing Address:
11285 La Coruna Lane
Bonita Springs, Florida 34135

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

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

Timothy L. Hartman
11285 La Coruna Lane
Bonita Springs, Florida 34135

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.


Richard D. Lyons, as attorney-in-fact for
Timothy L. Hartman

ARTICLE IV - MANAGERS OR MEMBERS

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

ARTICLES OF ORGANIZATION OF HARTMAN'S FINISHED CARPENTRY, LLC

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Liability Company:

Title:

"MGR" = Manager

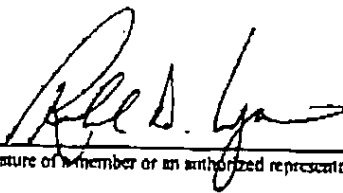
"AMBR" = Authorized Member

MGR

Name and Address:

Timothy L. Hartman
11285 La Coruna Lane
Bonita Springs, Florida 34135

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.

Richard D. Lyons

Typed or printed name of signer

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