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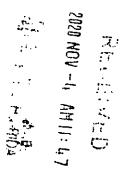
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

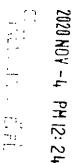


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• COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Snyde(3 Capital City Caspentry and Floring Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexandat C Soyder Name of Person
Firm/Company 2031 plantation Forcest Drive Address
For further information concerning this matter, please call: Alexandal Sanda at (850) Name of Person Area Code City/State and Zip Code Alexandal Sanda at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status & □

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Shyder's capital City Carpentry and Flooring LLC.

(Must contain the words "Limited Liability Company, J.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:
2031 plantation forrest Dave	2031 plantation formest Drive
tallowassee EL	tallahouse FL
32317	32317

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:

Hlexanda C Sayder

Name

2031 Plantation forcest Drive

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

Tillahassee FL 32317

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

Title;	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	Many Lee of Condition			
_N((2)(Alexander C Sayder	X.C	_	
	tallahasire FL 32319		<u> </u>	
AMIBR _	Alexandra L Saveler			
1114/13/10	2031 Plantation toward Driv			
	tillabelier FL 32317		_	
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(Use attachment if necessary)				
ocument's effective date on the Departn CI.E VI: Other provisions, if any.	ient of State's records.			
CT.E. VI. Other provisions, it any.				_
				_
				_
REQUIRED SIGNATURE:	A .			
Cliston	turdy			
Signature of	a member or an authorized representative of a membe	r.		
This document is ex	decuted in accordance with section 605.0203 (1) (b), Flori false information submitted in a document to the Departm	da Statute ent of Sta	:s. ite	
constitutes a third d	egree felony as provided for in s.817.155, F.S.	cm or ou		
—VISX	M//A/ -11/2/6		20:	
	Typed or printed name of signee	3.	20	
	Typed or printed name of signee	i		
	Filing Fees:	i., .	VO.V	
	Filing Fees: f Organization and Designation of Registered Agent	1	1- AON	4
\$ 30.00 Certified Copy (Option	Filing Fees: f Organization and Designation of Registered Agent al)	5 5 5	2020 NOV -4	4
	Filing Fees: f Organization and Designation of Registered Agent al)	11. 5 1. 5 2. 5 3. 6	NOY -4 PH	