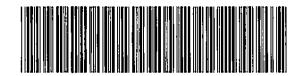


(Requestor's Name)
(Áddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT AUG 1 7 2022



100392583131

08/17/22--01005--018 **130.00

JEAHASSET, C.

2022 AUG 17 PH 12: 12

2022 AUG 17 PH 4:

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: HISTERS Custom 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:
Patrick Hiser
Name of Person
Firm/Company
57 CAKO LN Address
•
CRAWfordville FL 32327 City/State and Zip Code Portrick Histir & Vahoo. com
City/State and Zip Code Pirtodek Histor & Nahoo Com
E-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
Parkick Hiser at (928) Z40 4123 Name of Person Area Code Daytime Telephone Number
Number of Collaboration and Co
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:		
Hisers	Custom	CARpentry	LLC
(Must conta	in the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
57. CHED LN.	Some
CRAWfordvillE FL	
3252.7	

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:

Shelby	Hiser	
	Name	
223 SUMM	erwind C	IV. S. CHOW
Florida street address		
Crawfordial	1e F(.	32327
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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0.1.1.1/2
MCK_	Potrick HISER
	PolRick HISER 57 CARD LN. CONTREDVICTO FL. 32327
	CENTIFICATION IS FL. 32327
	
	_
(Use attachment if necessary) CLE V: Effective date, if other than the d	late of filing: 8-17-22 (OPTIONAL)
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be cument's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be lisent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined by the date on the Department of	ot meet the applicable statutory filing requirements, this date will not be lisent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not comment's effective date on the Department of t	ot meet the applicable statutory filing requirements, this date will not be lisent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined by the date of the Department of	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State state for the section 5.17.155, F.S.
CLE V: Effective date, if other than the deffective date is listed, the date must be to of filing.) If the date inserted in this block does not cument's effective date on the Department of th	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. talse information submitted in a document to the Department of State

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-