Florida Department of State

Division of Corporations Electronie-Filing-Cover-Sheet-

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FLORIDA LIMITED LIABILITY CO. HUTCHINSON DRYWALL AND FRAMING LLC Certificate of Status Certified Copy 1 03 Page Count Estimated Charge \$155.00

Electronic Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liab:	
E II - Address:	of the Limited Liability Company is:
Principal Office Address:	Mailing Address
652 HERNANDO ST	
#B	SAME
FORT PIERCE, FL 34949	

LEONARD GARSEDE Name

652 HERNANDO ST #B Florida street address (P.O. Box NOT acceptable)

FORT PIERCE City State

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

/a/ Leonard Garsade

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-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 <u>AMBR</u> LEONARD GARSEDE 652 HERNANDO ST #B FORT PIERCE, FL 34949 (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: /s/ Leonard Garsede
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 \$.317.155, F.S.

LEONARD GARSEDE 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)