

624000 171477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

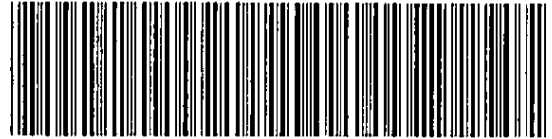
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200427685962

FILED

2024 APR 16 PM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FL

162.00

RECEIVED

2024 APR 16 AM 10:33

DIRECTOR  
CORPORATION  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Aaron's 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:

Aaron Dustin Brown  
Name of Person

Company  
Firm/Company

14047 Roco Rd.  
Address

Tallahassee, Florida 32309  
City/State and Zip Code

Dusty.alice1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron D. Brown at ( 850 ) 766-4902  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee

2026 APR 16 PM 1:15  
TALLAHASSEE, FL  
DIVISION OF STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aaron's Custom Carpentry LLC  
(Must contain the words "Limited Liability Company," "L.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:

14047 Rocco Rd  
Tallahassee, FL 32309

Mailing Address:

14047 Rocco Rd  
Tallahassee, FL 32309

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:

Aaron Dustin Brown  
Name  
14047 Rocco Rd.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee Florida 32309  
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..

Aaron D. Brown  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2021 APR 16 PM 11:00  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Aaron Dustin Brown  
14247 Roanoke Rd.  
Tallahassee, FL 32309

(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:**

Aaron D. Brown

**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.

Aaron D. Brown

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)

2024 APR 16 PM 1:15  
DEPT. OF STATE  
TALLAHASSEE, FL

FILED