Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000051332 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 : (305)675-5944 Fax Number

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

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## FLORIDA LIMITED LIABILITY CO. CARPENTRY PRO SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

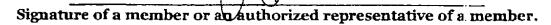
Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· AKIICLEI - Nome
ARTICLE I - Name: The name of the Limited Liability Company is:
Carpentry Pro Solutions 11c
ARTICLE II - Address: The mailing address:
The mailing address and street address of the principal office of the Limited Liability  Company is:
12323 SW 32 ter MIAMI FL 33175
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limites: Liability with an active Florida registered Agent. You must designate an individual or another business entity
Wenceston Ordonez Medina
12323 SW 32 ter mami FL 33175
Miami + 1 33175
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
Wences la Ordone & Medina (AMBR)
- Medina (AMBE) NO STATE

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

25 FEB 10 PM12: 03