W072895 Fl 22025

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

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02/20/25--01012--006 **130.00

COVER LETTER

TO:

New Filing Section Division of Corporations

New Filing Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: SIM	nmons Cust	om Carpentry ited Liability Company	2.5 LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	iter to the following:	
$\Box_{\mathcal{O}}$	niel Sim	MON S Name of Person	
Simm	ons Custom	Carpentry 2, 5 Firm/Company	LLC
293	5 Natura	1 Bridge re	oad
tallah	assee FL	32305	
The	esa549108	ty/State and Zip Code S Oyahow. COV	U
·		for future annual report notificati	ion)
For further information co	ncerning this matter, please	call:	
	Simmons at (See of Person Ar	rea Code Daytime Telephon	<u>C</u> <u>U</u> e Number
Enclosed is a check for t	ne following amount:		
□\$125.00 Filing Fee		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	g Address iling Section	Street Address New Filing Section Di	ivision

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	LE I -	Name:
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The name of the Limited Liability Company is:

Simmons Custom Carpentry 2,5 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:	Mailing Address:
1935 Natural Bridge road	2935 Natural Bridge road tallahassee FC 32305

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:

<u> </u>	immon S Name		-
2935 Nat		idge road I acceptable)	
Tallalassee	FL	32305	Ċ.
City	State	Zip	
		the above stated limited liabilit	·

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. We 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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Daniel Simmons 2935 Natural Bridge tellebussee FL, 32305	road
		
		<u> </u>
(Use attachment if necessary) ARTICLE V: Effective date, if other than the d	true of filings 2/20/25	OPTIONAL)?
If an effective date is listed, the date must be he date of filing.)	specific and cannot be more than five busine of meet the applicable statutory filing requirem	ess days prior to र्ह्यु 90 days after
ARTICLE VI: Other provisions, if any.	THE OF STREET STREET	<u> </u>
REQUIRED SIGNATURE:		
	member or an authorized representative of cented in accordance with section 605.0203 (1)	(b), Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)