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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WW Custom Cabinets, LLC  
(Name of Limited Liability Company)

MAY 28 P 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Lee Weaver, Sr.  
(Name of Person)

WW Custom Cabinets, LLC  
(Firm/Company)

6817 Fern Creek Way  
(Address)

Keystone Heights, FL 32656  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Lee Weaver Sr at ( 904 ) 626-9642  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

2004 MAY 28 P 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WW Custom Cabinets, 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:**

16817 FernCreek Way

16817 FernCreek Way

Keystone Heights, FL

Keystone Heights, FL

32656

32656

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Donald Lee Weaver, Sr.  
Name

16817 FernCreek Way  
Florida street address (P.O. Box **NOT** acceptable)

Keystone Heights FLORIDA 32656  
City, State, and 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 608, Florida Statutes..*

  
Registered Agent's Signature

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows: 2004 MAY 28 P 2:44

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

MGR

Donald Lee Weaver, Sr.  
6817 FernCreek Way  
Keystone Heights, FL 32656

MGRM

Herbert Willis  
7593 E. Osceola Ct.  
Keystone Heights, FL 32656

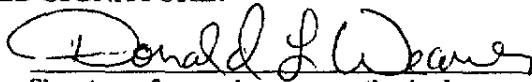
MGRM

James Henry Weaver Jr.  
6817 FernCreek Way  
Keystone Heights, FL 32656

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Donald Lee Weaver, Sr.

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)