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(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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FILLD
SECRETARY OF STOLL
IVISION OF CORPORATIONS

19/2/18

TRANSMITTAL LETTER

Department of State		
Division of Corporatio	ns =	
P.O. Box 6327	<u>~</u> 	
Tallahassee, FL 32314		
	xclusive KitchENS & Finishing, Le	<u> </u>
(Pro	oposed limited liability company name - must include suffix	
		_
Enclosed is an original	and one (1) copy. "Stamp with the filing date"	AND RETURN.
Filing fee for articles of	f organization of Florida Limited Liability Company:	
	Filing fee for Articles of Organization Designation of Registered Agent	
additional \$5 if a certif	gement will be issued free of charge upon filing. Please su ficate of status is needed. The fee for a certified copy is \$3 eck for the total amount made payable to the Flor	30.
Department of Stat	2 -	
	~	20
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		3990
ED (A) (FRANCIS PARDA	言器
FROM:	FRANCIS PARRA Name (Printed or typed)	DZ DEC 17 AM 10: 42
		7- 57
	1809 W. ORANGE AVE	
	ORlANdo FLORIDA 32804	
	City, State & Zip	
	(407) 721-4242	
	Daytime Telephone number	**************************************

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: EXClusive Kitchens & Finishing, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	ompany	y is:
1809 N. ORANGE AVE ORLANDO FLORIDA 32	1804	<i>;</i>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	are:	
The name and the Florida street address of the registered agent are:		
FRANCIS PARRA Name		
Florida street address (P.O. Box NOT acceptable) ORIANDO FL 32804 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,	ent as visions with ar	of all
Francis Paria		
Registered Agent's Signature	8	Q
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed.	ors and	SECRETAR ISION PE
therefore, a manager - managed company.	32	SA C
(An additional article must be added if an effective date is requested)		STATE
Francis Paria	N	S. S.
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.)		
FRANCIS PARRA 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)		