

# W03000036186

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**LIMITED LIABILITY COMPANY**  
**WORLD KITCHEN CABINETS DESIGN, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

DIVISION OF CORPORATIONS

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SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**WORLD KITCHEN CABINETS DESIGN, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**WORLD KITCHEN CABINETS DESIGN, LLC.**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

**9418 NW 13 ST UNIT # 48  
MIAMI, FL. 33172**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**JOAN MORLES**  
Name

**9418 NW 13 ST UNIT # 48**  
Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33172**  
City, State, and Zip

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TALLAHASSEE FLORIDA

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YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

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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, F.S..



REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JOAN MORLES**  
9418 NW 13 ST UNIT # 48  
MIAMI, FL. 33172

**MANAGER**

**LEDIS MENDEZ**  
9418 NW 13 ST UNIT # 48  
MIAMI, FL. 33172

**MANAGER**

(An additional article must be added if an effective date is requested)



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.)

**JOAN MORLES**

Typed or printed name of signee

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