Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010800247
Phone : (305)674-3313

Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

KEVIN A. SPECK CABINETS, LLC

Certificate of Status	0
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Public Access Help

H03000316102 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

KEVIN A. SPECK CABINETS, LLC

ARTICLE II: Address

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

625 95TH AVE. NORTH NAPLES, FLORIDA 34108

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED. AGENT SIGNATURE

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

KEVIN A. SPECK

625 95TH AVE. NORTH

NAPLES, FLORIDA 34108

Having been named as registered agent 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.

KEVIN A. SPECK / Registered Agent's Signature

Page 2 KEVIN A. SPECK CABINETS, LLC

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MEMBER:

KEVIN A. SPECK 625 95TH AVE. NORTH

NAPLES, FLORIDA 34108

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.)

KEVIN A. SPECK

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