L03000044775

| (Red | questor's Name) | | | |
|---|------------------|-----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City | /State/Zip/Phone | <i>> #</i>) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: | | n Sect Corp | ion oration | s | |
|------|------|----------------|----------------|-----------|--------------|
| | | / | r | / | 1 |
| SUBJ | ECT: | AV | SEN | <u> 5</u> | <u> []:</u> |

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Person)

(Name of Person)

310 N. ROME AVE

MMDA, 12 33606-1642 (City/State and Zip Code)

For further information concerning this matter, please call:

(h/Fistingia Hampin) = 813 949-9819

(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

> 103-32616 103-32616 103-32616



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 5, 2003

GLENN C. JENSEN JENSEN'S CUSTOM CABINETRY, LLC 310 N. ROME AVE. TAMPA, FL 33606-1642

SUBJECT: JENSEN'S CUSTOM CABINETRY, LLC

Ref. Number: W03000032676

We have received your document for JENSEN'S CUSTOM CABINETRY, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 103A00060365

Joey Bryan Document Specialist Mandy of Ser, Florida

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | • |
|--|---|
| The name of the Limited Liability Company | is: |
| TENKENIL / | USTOM CABINETRY, LAC |
| ARTICLE II - Address: | 100 (1715)1001407) 1011 |
| | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 310 N. ROME AVE | SAME |
| TAMPA, Pr 33606-1642 | |
| The name and the Florida street address of the GIENN C. Na. Na. Na. Na. Na. Na. Na. Na. Na. Na | SENSEN SES |
| THUPA, EL, City, Sta | FL 33606-1692 te, 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, F.S.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.

Typed or printed name of signee

Stud Check
\$100.00 Filing Fee for Articles of Organization (155 P
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Carr