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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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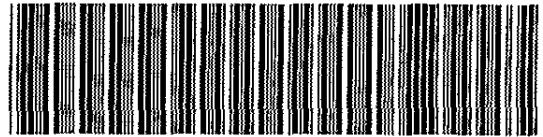
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04-1963
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doug Johnson Cabintary LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

John Douglas Johnson
(Name of Person)

Doug Johnson Cabintary LLC
(Firm/Company)

194 Opal Lane
(Address)

Lake City, FL 32025
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Johnson at (386) 365-5540
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Doug Johnson Cabinetry LLC

ARTICLE II - Address:

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

Principal Office Address:

194 Opal Lane
Lake City, FL 32025

Mailing Address:

194 Opal Lane
Lake City, FL 32025

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

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

John Douglas Johnson
Name
194 OPAL LANE
Florida street address (P.O. Box **NOT** acceptable)
LAKE CITY FLORIDA 32025
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..

John D. Johnson
Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John Douglas Johnson
Opal Lane
Lake City, FL 32025

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

John Douglas Johnson
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.)

John Douglas Johnson
Typed or printed name of signer

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)