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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Raymond Hedden Cabinet Installations LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Raymond HEDDEN (Name of Person)	
(Name of Person)	
(Firm/Company)	
590 County Rd 325	
	2 5
City/State and Zip Code)	; ⊒
For further information concerning this matter, please call:	FLED
Raymond Hedden at 386 931-1469	5

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 1 - Name:

The name of the Limited Liability Company is:

Raymond Hedden Capinet In	stallations LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
590 County Rd 325	590 County Rd 325 Bunnell FL 32110
590 County Rd 325 Bunnell FL 32110	Bunnell FL 32110
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere Raymond Hedden Name 590 County Rd Florida street address (P.O. Box No. 1) Bunnell FL City, State, and Zip	AHASSEE PM 2: 39 OT acceptable)

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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Raymond Hedden 590 County Rd 325 Bunnell FL 32110
	DI SEE
(Use attachment if necessary)	JAN 16 PM 2: CRETARY OF STA LAHASSEE, FLORI
NOTE: An additional article must be	
REQUIRED SIGNATURE: Signature of a member or an au	Ithorized representative of a member.
(In accordance with section 608. of this document constitutes an a that the facts stated herein are tru	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ie.)
Kaymand Ho Typed or pri	edden nted 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)