

L04000006220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400025013994

01/16/04--01046--003 **155.00

04 JAN 16 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

L04-6220
R

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)

(Firm/Company)

590 County Rd 325
(Address)

Bunnell FL 32110
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond Hedden at (386) 931-1469
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 16 PM 2:38

FILED

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:

Raymond Hedden Cabinet Installations LLC

ARTICLE II - Address:

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

Principal Office Address:

590 County Rd 325

Bunnell FL 32110

Mailing Address:

590 County Rd 325

Bunnell FL 32110

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

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

Raymond Hedden

Name

590 County Rd 325

Florida street address (P.O. Box **NOT** acceptable)

Bunnell FLORIDA 32110

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 16 PM 2:39

FILED

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..

Raymond Hedden

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

Raymond Hedden
590 County Rd 325
Bunnell FL 32110

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 16 PM 2:38

FILED

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

REQUIRED SIGNATURE:

Raymond Hedden
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.)

Raymond Hedden
Typed or printed 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)