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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION

04 JAN 28 PM 1:38

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 JAN 28 PM 1:50

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnny's Cabinets 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:

Johnny L. Johnson
(Name of Person)

(Firm/Company)

PO Box 215
(Address)

midway, FL 32343
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) _____
(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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Johnny's Cabinets, LLC

ARTICLE II - Address:

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

Principal Office Address:

215 Central Road
Midway, FL 32343

Mailing Address:

P.O. Box 215
Midway, FL 32343

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

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

Johnny L. Johnson
Name
215 Central Road
Florida street address (P.O. Box **NOT** acceptable)
Midway FL 32343
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Johnny L. Johnson
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

mgrm

Name and Address:

Johnny L. Johnson
215 Central Road
Midway, FL 32343

STATE OF FLORIDA
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:

Johnny L. 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.)

Johnny L. Johnson
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)