

LO4-000023193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

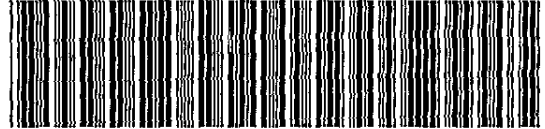
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SECRET
TALLAH
MAR 17 PM 12:55
FLORIDA

1802 SW St George Street
Stuart FL 34997

13 March 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Sirs

FILED
04 MAR 17 PM 12:55
TALLAHASSEE, FLORIDA

Enclosed please find Two copies of Articles Of Organistaion for Florida Limited Liability Company

For Trempe Cabinets LLC.

Enclosed is a money order for \$125.00 for filing fee and designation of registered Agent, and a money order for \$30 for a Certified Copy.

I also enclose a stamped addressed envelope for you..

I can be reached at the above address and on phone 772 349 4766.

Many thanks...


Edward Albertson

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Trempe Cabinets LLC

ARTICLE II - Address:

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

1802 SW St George St Stuart FL 34997

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

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

Trempe Cabinets Edward D. Albertso
Name

1802 SW St George St Stuart
Florida street address (P.O. Box **NOT** acceptable)

Stuart FL 34997
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, F.S.

Edward Albertso
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Paul Trempe
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.)

PAUL TREMPPE
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)

FILED
04 MAR 17 PM 12:55
TALLAHASSEE