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DIVISION OF CORPORATIONS
04 AUG 16 PM 12:34

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: C. P. 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:

Neika Cash Taylor, Organizer

(Name of Person)

Select Services, Inc.

(Firm/Company)

Post Office Box 805

(Address)

Salisbury, NC 28145-0805

(City/State and Zip Code)

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For further information concerning this matter, please call:

Neika Cash Taylor, Organizer

(Name of Person)

at 704/647-0044

(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

C. P. Cabinets, LLC

20-1078358

**ARTICLES OF ORGANIZATION
FOR
FOR FLORIDA LIMITED LIABILITY COMPANY**

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

C. P. Cabinets, LLC

ARTICLE II - Address:

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

Principal Office Address:

C. P. Cabinets, LLC

220 24th Street West

Bradenton, FL 34205

Mailing Address:

C. P. Cabinets, LLC

220 24th Street West

Bradenton, FL 34205

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

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

Charles R Postpichal

Name

220 24th Street West

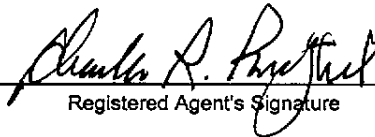
Florida street address (P.O. Box NOT acceptable)

Bradenton

FLORIDA 34205

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..


Registered Agent's Signature

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DIVISION OF CORPORATIONS
04 AUG 16 PM 2:24

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:MGRMCharles R Postpichal220 24th Street WestBradenton, FL 34205MGRCharles R Postpichal220 24th Street WestBradenton, FL 34205

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
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.)

Charles R Postpichal

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 16 PM 12:34**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)