

L04 0000 77 120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

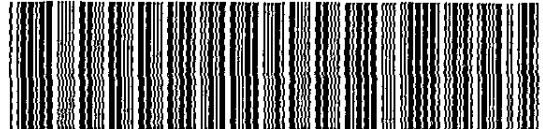
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300041635043

10/22/04--01009--014 \*\*125.00

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

04 OCT 22 AM 11:20

FILED

10/25  
JH8

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGNATURE CUSTOM CABINETS & MILL WORK, 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:

RAMON OJEDA

(Name of Person)

SIGNATURE CUSTOM CABINETS & MILL WORK, LLC.

(Firm/Company)

730 LEMON AVE

(Address)

LAKE HELEN, FL 32744-3120

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON OJEDA

(Name of Person)

at ( 407 )

474-4186

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

FILED  
04 OCT 22 AM 11:20  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SIGNATURE CUSTOM CABINETS & MILL WORK, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

730 LEMON AVE  
LAKE HELEN, FL 32744-3120

**Mailing Address:**

730 LEMON AVE  
LAKE HELEN, FL 32744-3120

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

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

RAMON OJEDA

Name

730 LEMON AVE

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

LAKE HELEN, FL 32744-3120 FL

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.*

  
Registered Agent's Signature

(CONTINUED)

FILED  
04 OCT 22 AM 11:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:**

MGRM

RAMON OJEDA

730 LEMON AVE

LAKE HELEN, FL 32744-3120

MGRM

REYNOL OJEDA

730 LEMON AVE

LAKE HELEN, FL 32744-3120

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(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.)

RAMON OJEDA

Typed or printed name of signee

CLERK OF  
TALLAHASSEE  
FLORIDA

04 OCT 22 AM 11:20

**FILED**

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)