

**L05000068741**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

RECEIVED

05 JUL 12 PM 3:18

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**THE COLLECTION CUSTOM CABINETS LLC.**

05 JUL 12 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Certificate of Status	0
Certified Copy	1
Page Count	02
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**W 07/13/02**

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**3p**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE COLLECTION CUSTOM CABINETS LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1111 SW 8th ST # 206  
MIAMI, FLORIDA  
33130

**Mailing Address:**

SAME

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

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

FRANK PIERRE JR MD

Name

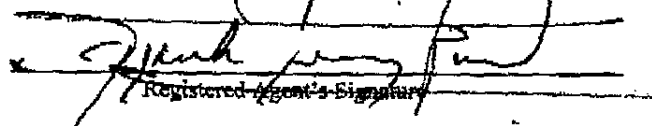
13264 DOBLETREE CIRCLE

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

WELLINGTON, FL 33414

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

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**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

FRANK PIERRE JR MD

13264 DOBLETREE CIRCLE

WELLINGTON, FL 33414

MGRM

EDGARDO GRAJALES

1665 SW 154 PATH

MIAMI, FL 33185

MGRM

LUIS R. MORA

3463 SW 24 ST

MIAMI, FL 33135

(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.)

FRANK PIERRE JR MD

Typed or printed name of signee

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