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(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: <u>Cu</u>	Stom Kitchen (Name of Limite	s and Remode d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
Jef	ry wayne	Burroug 15 Name of Person)	
_cust	on Kitchen	Sand Remod	le/
2216	Branbury	(Address)	3 SE
TAlla	hassee Flor	:da 32308	7
	(City/	State and Zip Code)	
For further information of	oncerning this matter, please of	eall:	FLOAR Strike
Jeffry wk	Sueroughs of Person)	at (<u>850</u>) <u>386</u> - (Area Code & Daytime Tel	663/ ephone Number)
Enclosed is a check for	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	Remode 21 (Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2216 Branbury Lane Tallahassee, Fl 32308	2216 Branbury Lane Tallahassee, Fl 32308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Jeffry W. Bu	
2216 Branburg Florida street addit	ess (P.O. Box NOT acceptable)
Tallahassee City, State, an	FL 32308 d Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM_	Jeffry W Burroughs 2216 Branbury Lane Tallahassee, FT 32308
(Use attachment if necessary)	
•	the date of filing: (OPTION
Mective date is listed, the date n	
ffective date is listed, the date n or 90 days after the date of filing	nust be specific and cannot be more than five busing.)
Sective date is listed, the date nor 90 days after the date of filing REQUIRED SIGNATURE:	

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)