

W05000095197

00855-02827-00676-02963\$ 125.00

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(Address)

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(City/State/Zip/Phone #)

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W05-95197

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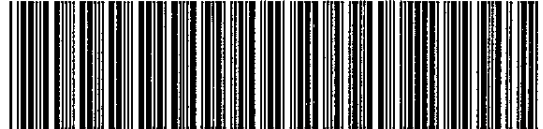
Certificates of Status

Special Instructions to Filing Officer:

9/23 FL LC

Office Use Only

W05-42490



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M. HODGES

09/06/05--01023--022 \*\*50.00

09/27/05--01001--023 \*\*105.00

FILED

05 SEP 23 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MORRIS CUSTOM 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:

CLIFFORD A. MORRIS  
(Name of Person)

MORRIS CUSTOM CABINETS LLC  
(Firm/Company)

3565 NW 6TH AVENUE  
(Address)

ORKEECHOBER, FL 34972  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD A. MORRIS at ( 863 ) 763-2065  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 13, 2005

CLIFFORD A. MORRIS  
MORRIS CUSTOM CABINETS LLC  
3565 NW 6TH AVENUE  
OKEECHOBEE, FL 34972

SUBJECT: MORRIS CUSTOM CABINETS LLC  
Ref. Number: W05000042490

We have received your document for MORRIS CUSTOM CABINETS LLC and your check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$75.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 305A00056562

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MORRIS 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:**

**Mailing Address:**

3565 NW 6TH AVENUE  
OKEECHOBEE FL 34972

3565 NW 6TH AVENUE  
OKEECHOBEE FL 34972

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

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

CLIFFORD A. MORRIS

Name

3565 NW 6TH AVENUE

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

OKEECHOBEE FL 34972

City, State, and Zip

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TALLAHASSEE FLORIDA

*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..*

Clifford A. Morris

Registered Agent's Signature

(CONTINUED)

**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:**

MGR

CLIFFORD A. MORRIS  
3565 NW 6TH AVENUE  
ORLANDO, FL 32812

MGRM

SUSANNE MORRIS  
3565 NW 6TH AVENUE  
ORLANDO, FL 32812

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(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.)

CLIFFORD A. MORRIS  
\_\_\_\_\_  
Typed or printed name of signee

**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)