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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Florida Department of State:

Please find enclosed, Articles of Organization (2 pages) and a check in the amount of \$155 for the filing fee and a certified copy, regarding Zayas, Inc. The following is our business information:

> Zayas, Inc. Mike Zayas 705 E. 124th Ave. Tampa, FL 33612 813-323-3893 (wk) 813-979-0333 (fax)

Thank you,

Gina M. Zayas (secretary)

Gira M. Zayos

change to

Cabinety By Zayas, L.L.C.

Per Mr. Zayas by phone 10/20/05

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
_ Cabinets By Za	yas, L.L.C.
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
705 E. 124th Ave Tampa, FL 33612	705 E. 124 FA AVE TUMPY, FL 33412
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature
The name and the Florida street address of the re	gistered agent are:
Michael Zay	us sset in
705 E.124th A Florida street addre	Ve ess (P.O. Box NOT acceptable)
Tumpu City, State, an	FL 33412 d 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)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manage		
"MGRM" = Mana	iging Member	
MGR	Michael A. Zayas 105. E. 124th NVE Tampa FL 33412	
marm	Gina M. Zavas 705 E. 124th Ave Tampa, FL 33412	
(Use attachment i	f necessary)	
NOTE: An addi	tional article must be added if an effective date is requested.	
REQUIRED SIG	NATURE:	
	Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	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)