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**LIMITED LIABILITY COMPANY**

Cooper & Son Cabinetry, L.L.C.

Certificate of Status	1
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **COOPER & SON CABINETRY, L.L.C.**

## ARTICLE II - Address

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

Principal Office Address:Mailing Address:1099 Hwy 83AP.O. Box 161Freeport, FL 32439Freeport, FL 32439

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Charles Cooper

Name

1099 Hwy 83A(P.O. Box or Mail Drop Box **NOT** Acceptable)Freeport, FL 32439

(City / State / Zip)

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*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 - Charles Cooper

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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

Charles Cooper- 1099 Hwy 83A, Freeport, FL 32439

MGRM

Johnathan Cooper- 1095 Hwy 83A, Freeport, FL 32439

(Use attachment if necessary)

REQUIRED SIGNATURE:

  
Signature of a member or 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. )

Charles Cooper

Typed or printed name of signee

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