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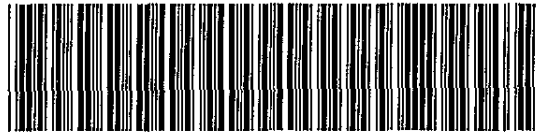
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 19 PM 3:27

APPROVED
AND
FILED

Florida Limited Liability Company

TO: Registration Section
Division of Corporations

SUBJECT: Hassel's Cabinets, LLC

The enclosed Articles of Organization and the fee of \$125.00 are submitted for filing.
Please return all correspondence regarding this matter to:

**Hassel L. Melton
Hassel's Cabinets, LLC
PO Box 591
Interlachen, FL 32148**

For further information concerning this matter feel free to call Hassel L. Melton at
386-654-6702.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2005

HASSEL L. MELTON
P.O. BOX 591
INTERLACHEN, FL 32148

SUBJECT: HASSEL'S CABINETS, LLC
Ref. Number: W05000053900

We have received your document for HASSEL'S CABINETS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify under Article IV whether Hassel L. Melton is a manager or managing member.

Please return your document, along with 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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 205A00070664

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

Article I – Name

The name of this Limited Liability Company is: **Hassel's Cabinets, LLC.**

Article II – Address

The mailing address and street address of the principle office of the Limited Liability Company known as **Hassel's Cabinets, LLC** is:

Principle Office:

1730 NE 23rd Terrace
Suite A
Ocala, FL 34470

Mailing Address:

PO Box 591
Interlachen, FL 32148

Article III – Registered Agent

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

Hassel L. Melton
1730 NE 23rd Terrace
Suite A
Ocala, FL 34470

*Having been named as registered agent and to accept service of process for **Hassel's Cabinets, LLC**, 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, Florida Statutes.*



Hassel L. Melton
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Article IV – Manager(s) or Managing Member(s)

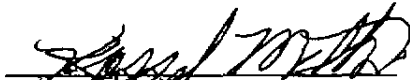
The name and address of each Manager or Managing Member for Hassel's Cabinets, LLC is as follows:

MANAGER

Hassel L. Melton, *MANAGER*
1730 NE 23rd Terrace
Suite A
Ocala, FL 34470

Article V – Effective Date

The effective date of this limited liability is upon date of filing.



Hassel L. Melton, Manager
Hassel's Cabinets, LLC

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury and the facts stated herein are true.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA