

LOS 000 122 930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

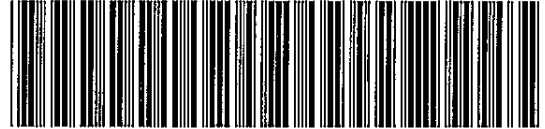
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

LOS-000930
AR

LEON JACOBS
 Requester's Name
 P.O. Box 1101
 Address
 TAL. FL. 32302 222-1246
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PLUMLINE LEGACY CABINETRY, LLC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☒ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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**ARTICLES OF ORGANIZATION OF
PLUMLINE LEGACY CABINETRY, LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is **Plumline Legacy Cabinetry, LLC:**

ARTICLE II — Address:

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

3048-C West Tharpe Street
Tallahassee, Florida 32303

ARTICLE III — Registered Agent and Registered Office

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

Sandra Ruiz
3048-C West Tharpe Street
Tallahassee, Florida 32303:

ARTICLE IV — Manager

The name and address of the manager is:

Sandra Ruiz
3048-C West Tharpe Street
Tallahassee, Florida 32303

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 28th day of December, 2005.


Signature of authorized representative

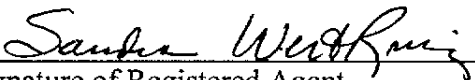
Sandra Ruiz
3048-C West Tharpe Street
Tallahassee, Florida 32303

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.



Signature of Registered Agent

Sandra Ruiz
3048-C West Tharpe Street
Tallahassee, Florida 32303

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