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2006 JAN 18 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

effective date

phone number not in service.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabinets Wholesale Direct, 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:

Nancy A. Trascik

(Name of Person)

Cabinets Wholesale Direct, LLC

(Firm/Company)

851 Pinto Circle

(Address)

Nokomis, FL 34275

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy A. Trascik

(Name of Person)

at (941) 478-5104

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2006 APR 18 P 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2005

NANCY A. TRASCIK
CABINETS WHOLESALE DIRECT, LLC
851 PINTO CIRCLE
NOKOMIS, FL 34275

SUBJECT: CABINETS WHOLESALE DIRECT, LLC
Ref. Number: W05000055765

We have received your document for CABINETS WHOLESALE DIRECT, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 16, 2005. Please amend your document accordingly.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00072825

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cabinets Wholesale Direct, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

851 Pinto Circle, Nokomis, FL 34275

Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Edward J. Willenborg

Name

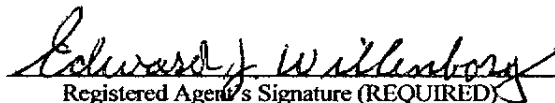
851 Pinto Circle

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

Nokomis, FL 34275

City, State, and 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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2006 JAN 18
TALLAHASSEE
SECRETARY OF STATE

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

Edward J. Willenborg
851 Pinto Circle
Nokomis, FL 34275

MGRM

Larry ERYANS
851 Pinto Circle
Nokomis, FL 34275

MGRM

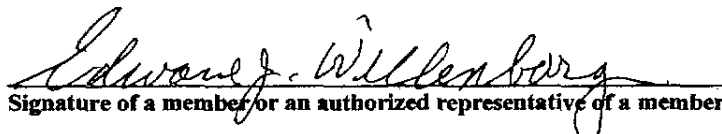
Nancy A. TRASCIK
851 Pinto Circle
Nokomis, FL 34275

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Edward J. Willenborg
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JAN 18 P 1:44

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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)