

W6000018796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

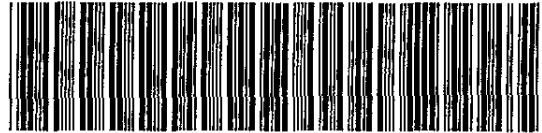
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M. HODGES

February 12, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

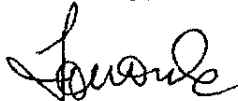
RE: Chris' Cabinets, LLC

Dear Sir or Madam:

Enclosed herewith please find the original and one copy of Articles of Organization for the above-referenced corporation for filing. Also, please find a check for the filing fee in the amount of \$125 and a return envelope.

Should you have any problems or questions, please contact me. Thank you for your professional attention and assistance in filing these papers.

Sincerely,



Lowanda J. Keir  
407-425-2583-work

/lk

Enclosure

FILED  
OFFICE OF THE  
TALLAHASSEE COUNTY  
CLERK

ARTICLES OF ORGANIZATION

CHRIS' CABINETS, LLC

A LIMITED LIABILITY COMPANY  
(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is: Chris' Cabinets, LLC
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is: 2936 Slippery Rock Avenue, Orlando, Florida 32826
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
2936 Slippery Rock Avenue, Orlando, Florida 32826
5. **Management.** The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Christopher Snow, 2936 Slippery Rock Avenue, Orlando, Florida 32826

*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 name

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below: date of filing

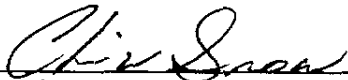
8. **Manager(s) or Managing Member(s):**

Title:

Name and Address:

MGRM

Christopher Snow  
2936 Slippery Rock Avenue  
Orlando, FL 32826

  
\_\_\_\_\_  
Christopher Snow  
Managing Member

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

Filing Fee: \$125.00