

Florida Department of State **Division of Corporations** Public Access System

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To:

Division of Corporations

: (850)205-0383 Fax Number

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABI

b & b custom cabinetry of sw fl, llc

Certificate of Status 1 Certified Copy 0 Page Count 03 \$130.00 Estimated Charge

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Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	B&B Custom Cabinetry of Sw FL, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,")
	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
	Principal Office Address: Mailing Address:
	2001 Cattlemen Rd. Ste JJ 2001 Cattlemen Rd. Ste JJ Sarasota FL 34232 Squasota FL 34232
•	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature of the Limited Limited Limited Limited Limited Limited Elimited Serve as its own Registered Agent. You thust designate an individual or another business entity with an active Florida registered Agent. You thust designate an individual or another business entity with an active Florida registered agent are: Charles Burns Name 2001 Cattlemen Rd., Stepty Florida circet address (P.O. Box NOT acceptable) Sara sota. Fl. 3 423 Z. 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 608, F.S.

Brian J. McGirin CPA 2018 Oak Terrace Savasota FZ 34231 (941) 926-4687 50/20.9

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Registered Agent's Signature (REQUIRED)

ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Charles Burns 2001 Cattlemen Ed. Studd Sarasota EL 34232
·	06 APR 25 SECHETARY FALLAHASSEE
(Use attachment if necessary)	S AM
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	or an authorized representative of a member.

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.)

Charles Burns
Typed or printed Hame of Signes

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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Brian J. McGinn CPA 2018 Oak Terrace Salasota Fl 34231 Salasota Fl 34231

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