# 10000075359

Doug Wilcock (Requestor's Name)	_				
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6640 34th Ave. N.					
(Address)					
(Address)					
St.P.HUS LOUG, FL 33710 (City/Staje/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)	-				
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OG JUL 28 PM 3: 36 SECRETARY OF STATE

EFFECTIVE DATE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

## CABINET WORLD, 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:

## Mailing Address:

Cabinet World	Cabinet World
6640 34th Ave N	5200 16th Ave N
St. Petersburg, FL 33710	St. Petersburg, FL 33710

# 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:

Doug Wilcock, Esq.

Name

6640 34th Ave N

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

St. Petersburg, FL 33710

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..

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(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

OG JUL 28 PH 3: 36
SECRETARY OF STATE
TALLAHASSEE, FINATE

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

Title:

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

MGRM	Anthony Cuddemi	
	5200 16th Ave N	
	St. Petersburg, FL 33710	<del></del>
MGRM	Francine Cuddemi	
	5200 16th Ave N	
	St. Petersburg, FL 33710	
······		<del></del>
<del></del>		<del></del> -
LE V: Effective date, if oth	er than the date of filing: 08/01/2006	

Name and Address:

Signature of a member of 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.)

Doug Wilcock

Typed or printed name of signee

FILED

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SECRETARY OF STATE