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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 205-0383  
  
From:  
Account Name : RACHEL SIO  
Account Number : I20010000073  
Phone : (407) 679-2433  
Fax Number : (407) 671-4352

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Barclay Cabinets, LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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*DB*

Secretary Of State  
Division Of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

November 7, 2006

Re: Barclay Cabinets, LLC.

Dear Sir:

Enclosed please find the notarized original Florida Articles Of Organization for Limited Liability Company and Certificate of Designation of Registered Agent/Registered Office. Also enclosed is my payment in the amount of \$125.00 for the filing fee.

Please return one copy to me after filing. Thank you for your assistance in this matter. If you have any questions, please contact my office.

Sincerely,



Ravin Persaud  
8524 E Colonial Dr  
Orlando, FL 32817

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**FLORIDA  
ARTICLES OF ORGANIZATION  
FOR  
LIMITED LIABILITY COMPANY**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Barclay Cabinets, LLC.

**ARTICLE II  
Address**

The street and mailing address of the principal office of the Limited Liability Company is  
8524 E Colonial Dr  
Orlando, FL 32817

**ARTICLE III  
Duration**

The period of duration for the Limited Liability Company is perpetual.

**ARTICLE IV  
Management**

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

Your Best Choice, Inc.  
8524 E Colonial Dr  
Orlando, FL 32817

Ravin Persaud  
8524 E Colonial Dr  
Orlando, FL 32817

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**ARTICLE V**  
**Admission of Additional Members**

The right of the members to admit additional members and the terms and conditions of the admission shall be unconditional.

**ARTICLE VI**  
**Members Rights to Continue Business**

The right of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be unconditional.

State of Florida  
County of Seminole

On this seventh day of November, 2006, the below-signed member, known to me to be the person whose name is subscribed to the within instrument, acknowledged that they execute the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Rachel Siu

  
Ravin Persaud

RACHEL SIU  
MY COMMISSION # DD 548775  
EXPIRES: July 5, 2010  
Bonded Title Budget Notary Services

☒ Personally Known  
☐ Produced Identification  
☐ Type of I.D. produced

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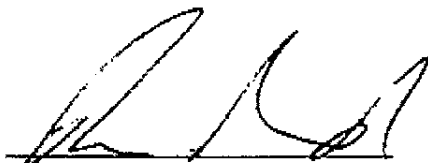
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608-415 or 608.507 Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

1. The name of the limited liability company is Barclay Cabinets, LLC.
2. The name and the Florida Street address of the registered agent is:

Ravin Persaud  
8524 E Colonial Dr  
Orlando, FL 32817

Having been named as Registered Agent 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.

  
Ravin Persaud

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