# [07000/9091

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	<del></del>
(Document Number)	<del></del>
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Page's Cabinets, L.L.	C.	
		ing Florida Limited Company)	-
conve		Articles of Organization, and fees are submitted to a "Florida Limited Liability Company" in	
Please	return all correspondence concerni	ning this matter to:	
God	ofredo Gonzalez		
	(Contact Person)		
	(Firm/Company)		
455	S. Pine Island Rd., Apt. 30	605	
-	(Address)		•
Plar	tation, FL 33324		
	(City, State and Zip Code)	e)	
For fu	rther information concerning this m	matter, please call:	
Bell	kys Perez	at ( 305 ) 608-3715	
	(Name of Contact Person)	at (305) 608-3715 (Area Code and Daytime Telephone Number)	<del></del>
Enclo	sed is a check for the following amo	nount:	Ž.
(\$25 fo & \$125	1.00 Filing Fees r Conversion for Articles children	s S180.00 Filing Fees S185.00 Filing Fees, and Certified Copy Certificate of Status	
Regist Divisi Clifto	ET ADDRESS: tration Section on of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

## Certificate of Conversion For

#### "Other Business Entity"

Into

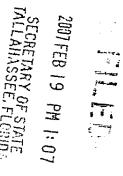
#### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Page's Cabinets Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on February 6, 2007 (Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Page's Cabinets, L.L.C.
(Enter Name of Florida Limited Liability Company)

(The edocument of the control of the	ot effective on the date of filing, enter the effective date: 1) cannot be prior to nor ment is filed by the Florida Department of ve date listed in the attached Articles of Otherein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed	this 9 day of February	20 07
Signat	ure of Authorized Person:	<u></u>
Printed	d Name: Godofredo Gonzalez Title	Sole Propietary
		_
Fees:		
	Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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

ARTICLE I	- Name:
-----------	---------

The name of the Limited Liability Company is:

### Page's Cabinets, L.L.C.

(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:	_ <u>Mailing A</u>	<u>ddress:</u>
455 S Pine Island Rd	455 S Pine Is	land Rđ
Apt 305	Apt 305	
Plantation, FL 33324	Plantation. I	FL 33324

## 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:

Belkys Perez		
455 S Pine Islar	Name nd Rd. Apt 3	305
Florida street address	(P.O. Box <u>NO</u>	T acceptable)
Plantation,	FL	33324
Ċity	, 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 604, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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:
MGRM	Godofredo Gonzalez
	455 S Pine Island RD Apt. 305
	Plantation, FL 33324
MGR	Belkys Perez
	455 S Pine Island RD Apt. 305
	Plantation, FL 33324
	*
NAL)	•
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)