

Division of Corporations

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**LD7000070185**Division of Corporations  
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To: Division of Corporations  
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From: Account Name : COMPUTAX USA INC.  
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LS

**FLORIDA/FOREIGN LIMITED LIABILITY CO****COASTAL CABINETS INSTALLATIONS, LLC**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**COASTAL CABINETS INSTALLATIONS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office  
of the Limited Liability Company is:

**9899 Lake Seminole Dr N  
Largo FL 33773**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Jerimiah Londos  
9899 Lake Seminole Dr N  
Largo FL 33773**

*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 Signature

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

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

Title:

Name and Address:

Manager

Jerimiah Londos  
9899 Lake Seminole Dr N  
Largo FL 33773

REQUIRED SIGNATURE:

  
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.)

**JERIMIAH LONDOS**

Typed or printed name of signee

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