L0700071306

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		!
		LS

Office Use Only



600105097886

07/09/07--01029--010 **130,00

CRETARY OF

UL -9 PM 2: 20

COVER LETTER

	istration Sec ision of Cor			·
44 1		wept to the transfer		
SUBJECT:	MOREN	O CABINETS INSTAL	LATION LLC.	
		(Name of Limited	l Liability Company)	
	•			* * * * * * * * * * * * * * * * * * * *
The enclosed	Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
	ORLAN	DO RODRIGUEZ MORE		
		(1	Name of Person)	,
	MOREN	O CABINETS INSTAL	LATION LLC.	
		• , (1	Firm/Company)	
	11057	PRAIRIE HAWK DR.	•	•
		, , , , , , , , , , , , , , , , , , ,	(Address)	
	ORLAN	DO, FL. 32837		
		(City/	State and Zip Code)	
For further in	formation a	oncerning this matter, please o	•	
		•	aii:	
	CANDO D		. 407 . 276 621	2.2
UR.		of Person)	at (407) 276-622 (Area Code & Daytime T	
	,		(
Enclosed is	a check for	r the following amount:		
□ \$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MORENO CABINETS INSTALLATION 1.1.6 (Must end with the words "Limited Liability Company, "Limited Com	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	alling Address:
	1057 Prairie Hawk Dr. Clando, F1.32837
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its own Registered Agents) business entity with an active Florida registration.)	ce, & Registered Agent's Signature: gent. You must designate an individual or another
The name and the Florida street address of the registe	red agent are:
ORLANDO RODRIGUEZ MOR Name	RENO
11057 PRAIRIE HOWK DE	· · · · · · · · · · · · · · · · · · ·
Florida street address (F	P.O. Box NOT acceptable)
	32837
City, State, and Zip	
Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. If all statutes relating to the proper and complete perfand accept the obligations of my position as register.	rtificate, I hereby accept the appointment as further agree to comply with the provisions of ormance of my duties, and I am familiar with
Tholo Rog	
Registered Agent's Signature (RI	1
(CONTINUED) Page 1 of 2	PILED 2007 JUL -9 PH 2: 2 SECRETARY OF STATE ALLAHASSEE, FLORE

Title: "MGR" = Manag		aging Member(s); er or Managing Member is as foll Name and Address:	
"MGRM" = Man	aging Member		
MGR		ORLANDO RODRIGUEZ M	
		11057 PRAIRIE HAWK	DR.
		ORLANDO, FL.32837	
	·		

	•	·	
	~		
			,
	•		,,
(Use attachment if			,
ICLE V: Effective d	ate, if other than the date, the date must be	iate of filing: be specific and cannot be more	(OPTIONAL)
ICLE V: Effective date is listo to or 90 days after t	ate, if other than the dated, the date must like date of filing.)	iate of filing: be specific and cannot be more	(OPTIONAL)
ICLE V: Effective d	ate, if other than the dated, the date must like date of filing.)	late of filing:be specific and cannot be more	(OPTIONAL)
ICLE V: Effective de effective date is lis to or 90 days after t	ate, if other than the dated, the date must like date of filing.)	iate of filing: be specific and cannot be more	(OPTIONAL)
ICLE V: Effective de effective de effective date is lis to or 90 days after to REQUIRED SIG	ate, if other than the dated, the date must be the date of filing.) NATURE:	iate of filing: be specific and cannot be more or an authorized representative of a m	than five business
ICLE V: Effective do effective date is list to or 90 days after to REQUIRED SIG	ate, if other than the dated, the date must he date of filing.) NATURE: Signature of a member of a member.	or an authorized representative of a monoton 608.408(3), Florida Statutes, the executes an affirmation under the penalties of	than five business ember.
ICLE V: Effective do effective date is list to or 90 days after to REQUIRED SIG	in accordance with section that the facts stated her accordance with section that the facts stated her accordance is a stated her accordance with section that the facts stated her accordance with the facts state	or an authorized representative of a monoton 608.408(3), Florida Statutes, the executes an affirmation under the penalties of the penalties of the control o	than five business tember. SECRET
ICLE V: Effective do effective date is listo to or 90 days after to REQUIRED SIG	in accordance with section that the facts stated her accordance with section that the facts stated her accordance is a stated her accordance with section that the facts stated her accordance with the facts state	or an authorized representative of a mone of 608.408(3), Florida Statutes, the executes an affirmation under the penalties of the are true.)	than five business 2007 JUL -9 SECRETARY Perjury-LAHASSEE
ICLE V: Effective de effective de effective date is lis to or 90 days after to REQUIRED SIG	in accordance with section that the facts stated her accordance with section that the facts stated her accordance is a stated her accordance with section that the facts stated her accordance with the facts state	or an authorized representative of a monoton 608.408(3), Florida Statutes, the executes an affirmation under the penalties of the penalties of the control o	than five business lember. SECRET