

Division of Corporations

Page 1 of 1

**L07000102880**Florida Department of State  
Division of Corporations  
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Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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LS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Custom Architectural Moldings & More LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Custom Architectural Moldings & More LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

1455 Hemingway Pl.

1455 Hemingway Pl.

Naples, FL 34103

Naples, FL 34103

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

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

Christine Moretz

Name

1455 Hemingway Pl.

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Naples, FL 34103

(City / State / 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.*

  
\_\_\_\_\_  
Registered Agent's Signature - Christine Moretz

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FLORIDA

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Christine Moretz - 1455 Hemingway Pl., Naples, FL 34103

MGRM

Jeffery Moretz - 1455 Hemingway Pl., Naples, FL 34103

MGRM

Chad Moretz - 1455 Hemingway Pl., Naples, FL 34103

(Use attachment if necessary)

REQUIRED SIGNATURE:

  
Signature of a member or 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. )

Christine Moretz

Typed or printed name of signee

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NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA