

LD8000078646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

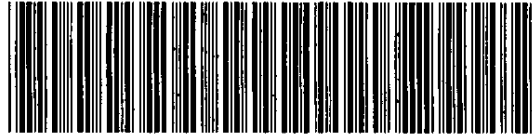
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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*Fight for Right*

Tax ID 59-2245923  
www.stewartlawfirm.com

# Dan Stewart, PA

## Attorney at Law

Protecting Your Legal Rights Since 1981



4519 Highway 90

Pace, Florida 32571

(850) 994-4887

(850) 936-9648

(Fax) 994-4541

August 13, 2008

Secretary of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, FL 32314

Re: **ALL WOOD CUSTOM CABINETRY, LLC**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization for the above-captioned LLC. Please file same and return a certified copy to our office in the envelope provided. I have also enclosed a check in the amount of \$160.00, which represents payment of the filing fee, registered agent designation, certified copy fee, and certificate of status fee.

If you have any questions concerning the enclosed please do not hesitate to contact me.

Sincerely Yours,

Kathleen S. Hudon  
Attorney

:ksh  
Enclosures

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

**FILED**

**08 AUG 15 PM 1:22**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

All Wood Custom Cabinetry, LLC

**ARTICLE II - ADDRESS:**

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

**Principal Office Address:**

631 S. Century Blvd.  
McDavid, FL 32568

**Mailing Address:**

631 S. Century Blvd.  
McDavid, FL 32568

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

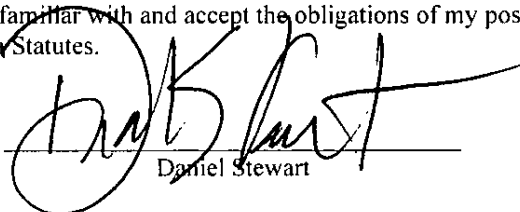
The name and the street address of the registered agent are:

Daniel Stewart, Esquire

4519 Hwy. 90

Pace, Florida 32571

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. I hereby request the appointment as registered agent and agree 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, Florida Statutes.



Daniel Stewart

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):**

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

**Title:**

**"MGR" = Manager**

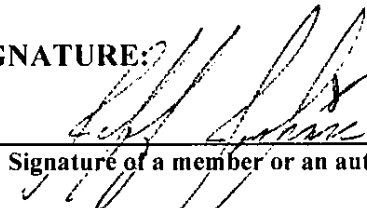
**"MGRM" = Managing Member**

**Name and Address:**

MGR

Jeff Jenkins  
631 S. Century Blvd.  
McDavid, FL 32568

**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.)

Jeff JENKINS

(Typed or printed name of signee)

**FILED**  
08 AUG 15 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy  
\$ 5.00 Certificate of Status