

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number: 12000000168 Phone : (727)322-0909

Fax Number : (727)322-0520

ORIDA/FOREIGN LIMITED LIABILITY CO.

CTG CABINET DISTRIBUTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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H080002412433 OCT 23 2008

EXAMINER

ARTICLE I - Name:

The name of the Limited Liability Company is:

4080002412433

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CTG CABINET DIS	TRIBUTION, LLC
(Must end with the words "Limited L	Liability Company, "L. L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8780 Ulmerton rd	same
Largo, FI 33771	
ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the	7 → 7 → 7
David C Hastings,	CPA ° S™
Na	ime produce
2207 54th St S	: # 1 등
Florida street	t address (P.O. Box NOT acceptable)
Gulfport, Fl 33707	
City, Sta	ite, 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 608, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

HO80003112433

HO80002412433

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
MGRM	Cabinets To Go, Inc
	11573 57th St Circle East
,	Parrish, FI 34219
MGRM	Cornerstone Group, Inc
	2299 Tall pines Dr
	Largo, FI 33771
Use attachment if necessary)	

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

David C Hastings, CPA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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