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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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DEPARTMENT OF STATE
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OF CORPORATIONS

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TE ACKNOWN FILLING TALLAHASSEE. FLI

130/09

COVER LETTER

TO:	Registration Division of C								
SUBJI	ЕСТ:	Big Bend Cab				ps, LLC.		ı	
		Name of Limit	ted Liab	ility Con	npany				
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ling.				
Please	return all corres	pondence concerning this mat	ter to th	e follow	ing:				
			Sary J.	. Hobe	rt				
			Name o	of Person			SECRE!	09 SEP	d
			Firm/C	Company			ARY (30 PM	
		472		llwood	Dr.	· · · · · · · · · · · · · · · · · · ·		<u>∓.</u>	
		**- II - I		dress	2222		ORIB	: ' 3	
				e, FL (ind Zip C				<u> </u>	•
			•	•					
-		ghobe E-mail address: (to be used	for future	annual r	eport notificat	ion)	· · · .		-
For fur	ther information	o concerning this matter, pleas	e call:						
	Gar	y J. Hobert	at (850)	251-7107			
	Name	of Person		Area Co	ode & Daytime	e Telephone Numl	per		
Enclos	sed is a check t	for the following amount:							
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	— Ce	rtified (ling Fee & Copy opy is enclose	d) Certified	ite of Sta	tus &	•
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Addration Section on of Corpora Building Executive Cerassee, FL 323	ations			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		& Counter Tops, LLC. ed Liability Company," "L.L.C.," or "LLC.")	
	44			
ARTICLE II - A The mailing addre		the principal office of the Limite	d Liability Co	mpany is:
_			•	• •
Principal Office	Address:	Mailing Address:		
4722 Knollwood		4722 Knollwood Dr.		
Tallahassee, FL	32303	Tallahassee, FL 3230	3	
(The Limited Liability of business entity with an	Company cannot serve as its own active Florida registration.)	istered Office, & Registered Age	individual or anot	her
The name and the	Florida street address of	of the registered agent are:	LA	98 98 97
	Ga	ry J. Hobert	HAS	P 30
-	_	Name		
7	3 4722	Knollwood Dr.	H2.	E III
	Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	98 A	
	Tallahassee, FL 3	1 L	₩	ω
	o.t.y,	State, and Zip		
	Registered Agent's	Signature (REQUIRED)		
	5 , 5	Signature (REQUIRED) NTINUED)		
	5 , 5			
	5 , 5			
	(CO			
`	f necessary)	NTINUED)	(OPTION	
` LEV: Effective d	f necessary) late, if other than the date ted, the date must be sp			
` LE V: Effective d fective date is list	f necessary) late, if other than the date ted, the date must be spete of filing.)	NTINUED)		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na					
The name of the L	imited Liability Compan	y is:			
	Big Bend Cabinets &	& Counter Tops, LLC.			
(M	ust end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")		-	
ARTICLE II - Ac	idress:				
The mailing addre	ss and street address of the	he principal office of the Limited	l Liability (Comp	any is:
Principal Office A	<u>Address:</u>	Mailing Address:			
4722 Knollwood		4722 Knollwood Dr.	<u></u>	_	
Tallahassee, FL	32303	Tallahassee, FL 32303		-	
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of Gary A722 K Florida street address Tallahassee, FL 32	J. Hobert Jame nollwood Dr. (P.O. Box NOT acceptable)	SECRETARY OF STATE TALLAHASSEE, FLORIBA.	09 SEP 30 PM 4: 43	TILED
liability compa	ny at the place designated	d to accept service of process for a l in this certificate, I hereby accep vacity. I further agree to comply v	ot the appoi	ntmen	at as
statutes relating	to the proper and comple	te performance of my duties, and registered agent as provided for i	I am familia	ır witi	h and
	Ofan ?	Helvest			
	Registered Agent's S	ignature (REQUIRED)			

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managir MGRM MGRM	Gary J. Hobert 4722 Knollwood Dr. Tallahassee, FL 32303	_
	4722 Knollwood Dr.	_
	4722 Knollwood Dr.	_
MGRM		
MGRM		
	Michael S. Hare, Sr.	
	6674 Salem Rd.	
	Quincy, FL 32352	
	Guilley, FL 32332	
		_
		_
(Use attachment if ne	(mm.r)	<u> </u>
LE V: Effective date.	ther than the date of filing: . (OPTIC	 _ _ ONAI
	ther than the date of filing: (OPTIC date must be specific and cannot be more than five business ng.)	
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fective date is listed, days after the date of REQUIRED SIGNATED S	date must be specific and cannot be more than five business ng.) RE: re of a member or an authorized representative of a member. Idance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.) Gary J. Hobert Typed or printed name of signee	s days 09 SEP 30 PM
fective date is listed, days after the date of REOUIRED SIGNATE Sign (In of that the filling Fees:	RE: dance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the penalties of perjury facts stated herein are true.) Gary J. Hobert Typed or printed name of signee ticles of Organization and Designation gent	s days 09 SEP 30