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B. KOHR

FEB 22 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 18 AM 10:50

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABINETS DIRECT 2 U LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAM BRESTER / SHARON MARON  
Name of Person

CABINETS DIRECT 2 U LLC  
Firm/Company

1103 GOLDFINCH DR  
Address

PLANT CITY, FL. 33563  
City/State and Zip Code

Pasubr707@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAM BRESTER at (863) 670-2092  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATE  
DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CABINETS DIRECT 2 U LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

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

**Principal Office Address:**

1103 GOLDFINCH DR.  
PLANT CITY, FL 33563

**Mailing Address:**

1103 GOLDFINCH DR  
PLANT CITY, FL 33563

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PAM BRESTER

Name

1103 GOLDFINCH DR

Florida street address (P.O. Box **NOT** acceptable)

PLANT CITY FL 33563

City, State, 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..*

Pamela Brester

Registered Agent's Signature (REQUIRED)

**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:**

MGRM

Pam BRESTER  
1103 GOLDFINCH DR  
PLANT CITY, FL. 33563

MGR

SHARON MARON  
1103 GOLDFINCH DR.  
PLANT CITY, FL. 33563

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Pamela S. Brester

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.)

PAM BRESTER

Typed or printed name of signer

**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)