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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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WILLY STATE OF STATE

D. BRUCE
JUL 0 2 2010
EXAMINER

June 28, 2010

To Florida Secretary of State Div of Corporations P O 6327 Tallahassee, Fl 32314

Please accept this as formal notification that I have no objection to the formation of an entity with the name Morales Kitchens & Cabinets LLC.

Feel free to contact me if any other information is needed.

Sincerely

Natacha Relipe Morales

Last President of Morales Kitchen & Cabinets, Inc Document # P08000076430

2417 W 4th Court, Hialeah, Fl 33010

Subscribed and sworn to before me this

Day of June, 2010.

COVER LETTER

| TO: | Registration S Division of Co | | | | |
|----------------|----------------------------------|---|---|--|----------|
| SUBJ | ECT: Morales | Kitchens & Cabinets, L | LC ed Liability Company | | |
| | | | | | |
| | | f Organization and fee(s) are s | | | |
| Please | return all correspo | ondence concerning this matte | er to the following: | | |
| | Frank De La F | Paz | | · · · | ···· |
| | | | Name of Person | | |
| | Equal Service | s Inc | | | |
| | | | Firm Company | | |
| | 5065 NW 74th | Ave Ste 7 | | ***** | |
| | | | Address | | 10 |
| | Miami FL 331 | 66 | | 1.7 | |
| | | City | State and Zip Code | () 30 (1) 30 (1) 30 | |
| | | E-mail address: (to be used for | or future annual report notification) | 50 | |
| For fu | rther information c | concerning this matter, please | call: | | 2) 2) |
| Fran | k De La Paz | | at (305) 596-5655 | | |
| | Name o | of Person | Area Code & Daytime Tele | phone Number | |
| Enclo | sed is a check for | r the following amount: | | | |
| □\$ 125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$160,00 Filing For Certificate of State Certified Copy (additional copy is contact) | tus & |
| | | 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 C | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Morales Kitchens & Cabinets | , LIC s "Limited Liability Company, "L.L.C.," or "LLC.") |
|--|---|
| (Musi enu with the words | s Linnard Liability Company, E.L.C., or LLC. |
| ARTICLE II - Address: | |
| The mailing address and street add | ress of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7450 NW 74th Ave # 809 | 2417 W 4th Court |
| Medley, Fl 33166 | Hialeah, Fl 33010 |
| (The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street add | dress of the registered agent are: |
| Equal Services | Name |
| | Name Ave Ste 7 orida street address (P.O. Box NOT acceptable) |
| 5065 NW 74th | Ave Ste 7 |
| Flo | orida street address (P.O. Box NOT acceptable) |
| | 00400 |
| Miami | FL 33166 |
| <u>Miami</u> | City, State, and Zip |

Registered Agent's Signature (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" = Man | | Name and Address: | |
|--|--|--|-----------|
| | nager Ianaging Member | | |
| MGRM | | Natacha Felipe Morales | |
| | ************************************* | 2417 W 4th Court | |
| | | Hialeah, Fl 33010 | |
| MGRM | | Felix Devora | |
| <u> </u> | | 2417 W 4th Court | |
| | | Hialeah, fl 33010 | |
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| (Use attachmer | nt if necessary) | • | |
| • | · · | date of filing: (OPTION | NAL) |
| ICLE V: Effective date is | re date, if other than the clisted, the date must be | date of filing: (OPTION specific and cannot be more than five business d | • |
| CLE V: Effectiv | re date, if other than the clisted, the date must be | date of filing: (OPTION specific and cannot be more than five business d | • |
| CLE V: Effective | re date, if other than the clisted, the date must be | date of filing: | • |
| CLE V: Effective | re date, if other than the clisted, the date must be date of filing.) | date of filing: (OPTION specific and cannot be more than five business d | • |
| CLEV: Effective feetive date is to days after the | re date, if other than the clisted, the date must be date of filing.) | date of filing: | • |
| CLE V: Effective flective date is to days after the | re date, if other than the clisted, the date must be date of filing.) | date of filing: | • |
| CLE V: Effective flective date is to days after the | re date, if other than the clisted, the date must be date of filing.) SIGNATURE: | specific and cannot be more than five business d | ays prior |
| CLE V: Effective flective date is to days after the | re date, if other than the clisted, the date must be date of filing.) SIGNATURE: | specific and cannot be more than five business d | ays prior |
| CLE V: Effective flective date is to days after the | re date, if other than the collisted, the date must be date of filing.) SIGNATURE: Signature of member | or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury | • |
| CLE V: Effective effective date is to days after the | re date, if other than the collisted, the date must be date of filing.) SIGNATURE: Signature of member (In accordance with sect of this document constitutions) | or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.) | ays prior |

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)