L10000013194

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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EXAMINER

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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

	SUBJECT: Classic	Home Brands LLC	A CONTRACT OF THE PROPERTY OF	٠
Property of the second			ed Liability Company	
	The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
	Please return all corresp	ondence concerning this matt	ter to the following:	
	Eddie Chee	k		
			Name of Person	_
	Classis Hon	ne Brands LLC		
	-		Firm/Company	
	12941 Shelb	yville Road		
			Address	
	Louisville, K			
	addia abaal		y/State and Zip Code	
	eddie_cneei	(@hotmail.com E-mail address: (to be used i	for future annual report notification)	
	For further information	concerning this matter, please	e call:	
	Jan Rager		at (502) 244-7634	
		of Person	Area Code & Daytime Telephone Number	
	Enclosed is a check for	or the following amount:		
ļ	☑\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status of 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
Classic Home Brands LLC (Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12941 Shelbyville Road Louisville, KY 40243	12941 Shelbyville Road Louisville, KY 40243
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registration.) The name and the Florida street address of the Dan Dougherty Name	e registered agent are:
1637 Norton Hill Driv	re
	address (P.O. Box <u>NOT</u> acceptable)
Jacksonville City,	FL 32225 State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

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FILED

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SECRETARY OF STATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Dan Dougherty 1637 Norton Hill Drive Jacksonville, FL 32225
·	
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
REQUIRED SIGNATURE:	The Shert
Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated her	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)
Daniel	rped or printed name of signed

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)