

4100000 77271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

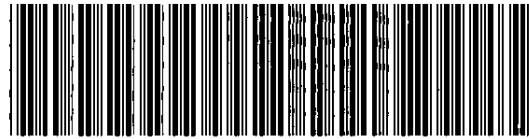
Special Instructions to Filing Officer:

W10-33321

Office Use Only

EFFECTIVE DATE

7/32/10



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07/14/10--01007--023 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 21 PM 4:28

FILED

D. BRUCE

JUL 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2010

CHRISTOPHER WILLIAMS
2223 LAKE SUSAN ROAD
HAWTHORNE, FL 32640

SUBJECT: C W CABINET INSTALLATIONS, LLC
Ref. Number: W10000033321

We have received your document for C W CABINET INSTALLATIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 14, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 410A00017205

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CW Cabinet Installations
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:

Christopher Williams
Name of Person

CW Cabinet Installations
Firm/Company

2223 Lake Susan Road
Address

Hawthorne, FL 32640
City/State and Zip Code

Williams5335@windstream.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY HAMMOND at (904) 327-9972
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CW Cabinet Installations, LLC
(Must end with the words "Limited Liability 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:

2223 Lake Susan Road
Hawthorne, FL 32640

Mailing Address:

2223 Lake Susan Road
Hawthorne, FL 32640

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:

Christopher Williams
Name

2223 Lake Susan Road
Florida street address (P.O. Box NOT acceptable)

Hawthorne FL 32640
City, State, and Zip

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CLERK OF COURT
HAWTHORNE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 7/22/10

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

MGR

Name and Address:

Christopher Williams
2223 Lake Susan Road
Hawthorne, FL 32440

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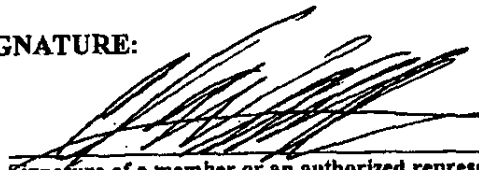
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/20/10 (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:



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.)

CHRISTOPHER WILLIAMS

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)