

L10000094905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2010 SEP -8 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Sept 10 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2010

DAVID TOURVILLE / DAVE'S CUSTOM CABINETS LLC
125 N. SPRING TRAIL
ALTAMONTE SPRINGS, FL 32714

SUBJECT: DAVE'S CUSTOM CABINETS LLC
Ref. Number: W10000041134

We have received your document for DAVE'S CUSTOM CABINETS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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

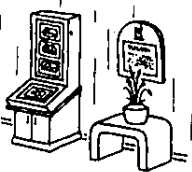
If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 410A00020887

DAVES

**CUSTOM
CABINETS**



~~6648 Robens Court • Orlando, FL 32818 • (407) 293-7899 • (407) 297-7338~~

DAVID TOURVILLE

125. N. SPRING TRAIL

ALTAMONTE SPRINGS, FL.

32714

PH. 407-339-6259

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DAVE'S CUSTOM CABINETS 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:

DAVID TOURVILLE

Name of Person

DAVE'S CUSTOM CABINETS LLC

Firm/Company

125 N. SPRING TRAIL

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

CABINETMAN@CENTURYLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID TOURVILLE

Name of Person

at (407) 339-6259

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVE'S CUSTOM CABINETS 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:

125 N. SPRING TR.
ALTAMONTE SPRINGS
FL 32714

Mailing Address:

125 N. SPRING TR.
ALTAMONTE SPRINGS
FL 32714

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:

DAVID TOURVILLE
NAME

125 N. SPRING TRAIL
Florida street address (P.O. Box **NOT** acceptable)
ALTAMONTE SPRINGS FL 32714
City, State, and Zip

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TALLAHASSEE, 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.

David Tourville

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPT. 1 2010 (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:

X David M. Tourville

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.)

DAVID M TOURVILLE

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)