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K. SALY EXAMINER FEB 23 2011

COVER LETTER

Division of Co			
SUBJECT:	Massey's Co	Liability Company)	ctops, LLC
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
ALuin	Massey	lame of Person)	
Mass	cy's Cabinets	+ Counter Tops	LLC
2028	Stewart Rd	#74 (Address)	,
Melb	ourne, Floric	Ja 32935 State and Zip Code)	
For further information	concerning this matter, please c	all:	
ALuin M (Name	of Person)	at (<u>321</u>) <u>368 –</u> (Area Code & Daytime Te	(02) lephone Number)
Enclosed is a check for	or the following amount:		,
3 \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Massey's Cabinets (Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the print	
Principal Office Address:	Mailing Address:
2896 Dusa Dr. Melbourne, Fl. 32934	2028 Stewart Rd #74 Melbourne, FL. 32935
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	- · · · · · · · · · · · · · · · · · · ·
ALuin Masser Name 2028 Stewart Florida street addre Melbourne City, State, an	ess (P.O. Box NOT acceptable)
Having been named as registered agent and to a	cont service of process for the above stated limite

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager 'MGRM" = Managing Membe	Name and Address:
ALuin Massey (MGRM)	2028 Stewart Rd #74 Melbourne Fl. 32935
	
	
(Use attachment if necessary)	
LE V: Effective date, if other t	han the date of filing: (OPTION te must be specific and cannot be more than five busing.)
LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of fi	te must be specific and cannot be more than five busing
ffective date is listed, the date or 90 days after the date of fine the da	te must be specific and cannot be more than five busing

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)