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EXAMINER

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	CReative Solution	ons Custom Cabinetry LLC
The enclosed Art	ticles of Organization and fee(s) are si	ibmitted for filing.
Please return all	correspondence concerning this matte	r to the following:
	Donald L.	Weaver Sr. Name of Person
	Creative Solution	n's Custom Cabinetry LLC Firm/Company
	5337 CR 3	Address
		ights, PL. 32656 State and Zip Code
 	E-mail address: (to be used fo	r future annual report notification)
For further inforr	nation concerning this matter, please	call:
Donald	L. WPQUET SR. Name of Person	at (352) 258-8694 Area Code & Daytime Telephone Number
 Enclosed is a ch	neck for the following amount:	
\$125.00 Filing F	ee \$\overline{\o	\$155.00 Filing Fee & S160.00 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 - Nam	ıe	:
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The name of the Limited Liability Company is:

CREATIVE Solutions Custom Cabinetry U.C. (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:

5337 CR 352 5337 CR 352 Keystone Heights FL. 32656 Keystone Heights FL. 3265	Principal Office Address:	Mailing Address:
		5337 CR 352 Keystone Heights FL-32656

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:

Jonald L. WEAVER SR.

Florida street address (P.O. Box NOT acceptable)

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)

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	Donald L. Weaver Sr. 5337 CR 352 Keystone Heights Fl. 3265
	·
(Use attachment if necessary)	
LE V: Effective date, if other than th	e date of filing: (OPTIONA

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)