# 11000091994

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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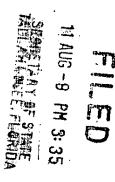
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## COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: True Quality Kitcher	ns & Bath. LLC
	ted Liability Company
The analysis Amiolog of Ouganization and for(a) are	. cubmitted for filing
The enclosed Articles of Organization and fee(s) are	•
Please return all correspondence concerning this mat	ter to the following:
David Charles Pritts	
	Name of Person
	F: (C
	Firm/Company
1711 Michigan Ave N.I	
	Address
St. Petersburg, FL 33703	
	ty/State and Zip Code
dpritts @ tampabay	for future annual report notification)
For further information concerning this matter, pleas-	e call:
David Pritts	.727
Name of Person	at ( 727 )  Area Code & Daytime Telephone Number
	87
Enclosed is a check for the following amount:	_
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2011

DAVID CHARLES PRITTS 1711 MICHIGAN AVENUE NE ST. PETERSBURG, FL 33703

SUBJECT: TRUE QUALITY KITCHENS & BATH, LLC

Ref. Number: W11000039206

We have received your document for TRUE QUALITY KITCHENS & BATH, LLC and your check(s) totaling \$125.00. 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 22, 2011. 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 911A00017649

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	M	F.	T - 1	Nο	me.

The name of the Limited Liability Company is:

### True Quality Kitchens & Bath, 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:	Mailing Address:
1711 Michigan Ave. N.E	1711 Michigan Ave N.E.
St. Petersburg, FL 33703	St. Petersburg, FL 33703

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 Charles	Pritts			
	Name			
1711 Michi	gan Ave N.E.			
Florida street address (P.O. Box NOT acceptable)				
St. Petersburg	<sub>FL</sub> 3370ろ			
	City, State, and Zip			

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: Name and Address: <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member MGR David Pritts 1711 Michigan Ave N.E. St. Petersburg, FL 33703 . (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 08/01/2011 . (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. I am aware that any false information submitted in a document to the Department of State

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

David Pri HS

Typed or printed name of signee