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SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CR Cabinets, LLC	
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Evan M Rogers	
	Name of Person
CR Cabinets, LLC	
	Firm/Company
2541 SW Kenilworth Stree	et Fig. 3
	Address
Port Saint Lucie, FL 34953	Sm.
	ity/State and Zip Code
evanmrogers@hotmail.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	se call:
Evan M Rogers	at (772) 285-7088
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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:

CR 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:	Mailing Address:
2541 SW Kenilworth Street	2541 SW Kenilworth Street
Port Saint Lucie, FL 34953	Port Saint Lucie, FL 34953

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:

Evan M Rogers	
Na	ame
2541 SW Kenil	worth Street
Florida stree	t address (P.O. Box <u>NOT</u> acceptable)
Port Saint Lucie	_{FL} 34953
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):
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The name and address of each Manager or Managing Member is as follows:

MGR	Evan M Rogers
	2541 SW Kenilworth Street
	Port Saint Lucie, FL 34953
	
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(Use attachment if necessary)	
(Ose attachment if necessary)	
IFV. Effective date if other than	n the date of filing: (OPTION.
	ist be specific and cannot be more than five business da

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.)

Evan M Rogers

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)