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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SELICE TARY OF STATE
ALLIANASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charles Fine Cabinetry 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:

Charles Herbst Name of Person Charles Fine Cabinetry LLC Firm/Company 12331 Boneventure Drive Address Boynton Beach, FL 33437 City/State and Zip Code kitchenguru_60@hotmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Herbst	_{at} 561	385-5671
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee Certificate of Status

□ \$130.00 Filing Fee Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, 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 - N	Name:		
The name of the	Limited Liability Co	empany is:	
Charles Fine Cabine			
•	(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing add		ss of the principal office of the Limited Li	ability Company is:
Principal Office	e Address:	Mailing Address:	
12331 Boneventure	Drive	12331 Boneventure Drive	
Boynton Beach, FL.	33437	Boynton Beach, FL 33437	A
business entity with	an active Florida registration	its own Registered Agent. You must designate an indivin.) ess of the registered agent are:	2013 FES 11
		Name	
	12331 Boneventure D	Prive	
	Flori	ida street address (P.O. Box NOT acceptable)	
Boynton Beach, F		ach, FL 33437	CO CO
		City, State, and Zip	3 5
liability comp registered age all statutes rei	pany at the place desi nt and agree to act in lating to the proper ar	ent and to accept service of process for the gnated in this certificate, I hereby accept this capacity. I further agree to comply wind complete performance of my duties, and sition as registered agent as provided for in	he appointment as ith the provisions of I I am familiar with

(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:

MGRM	Charles Herbst	2013 FEW 1-ASS
	12331 Boneventure Drive	<u> </u>
	Boynton Beach, FL 33437	-71
		1000 TE
		an.
		- Jr

	<u> </u>	
		
		
(Use attachment if necessary)		
(Ose attachment if necessary)		
LE V: Effective date, if other than the	date of filing: 2/4/2013	(OPTIONAL
	be specific and cannot be more that	
or 90 days after the date of filing.)	be specific and cannot be more that	in live dusiness

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.)

Charles W. Herbst

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)