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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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13 NOV 18 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
MCR GRANITE & CABINETS SUPPLY L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

NOV 19 2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCR GRANITE & CABINETS SUPPLY L.L.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:

Principal Office Address:

410 JUNG BLVD W
NAPLES, FL 34120

Mailing Address:

410 JUNG BLVD W
NAPLES, FL 34120

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:

RAMON F CARRASCO

Name

410 JUNG BLVD W

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

NAPLES

FL 34120

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.

Ramon F Carrasco
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMM" = Managing Member

Name and Address:

MGMM

RAMON F CARRASCO

410 JUNG BLVD W

NAPLES, FL 34120

MGR

CARLOS MARTINEZ

4879 EVERGLADES BLVD N

NAPLES, FL 34120

MGR

ANNA N CARRASCO

410 JUNG BLVD W

NAPLES, FL 34120

MGMM

GRELA MARTINEZ

4879 EVERGLADES BLVD N

NAPLES, FL 34120

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 30 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 607.004(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.)

RAMON F CARRASCO

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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