

L13000166497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

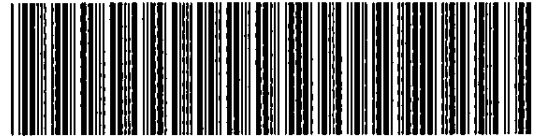
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. C. 11/27/13 DEC 2 - 2013

RONALD A. NOUR

ATTORNEY AT LAW

e-mail: attynour@cfl.rr.com

160 Hidden Hills Dr.  
Ormond Beach, FL 32174

Tel: 386-671-1293

Fax: 386-673-4614

COVER LETTER

November 24, 2013

TO: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: East Coast Countertops & Cabinets, 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:

Ronald A. Nour, Esquire

Name of Person

Attorney At Law

Firm/Company

160 Hidden Hills Drive

Address

Ormond Beach, Florida 32174

City/State and Zip Code

eastcoastcountertops@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald A. Nour at (386) 671-1293

Name of Person Area Code & Daytime Telephone Number

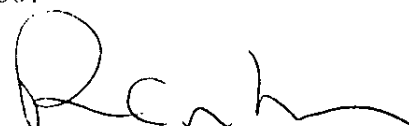
Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &  
Certificate of Statu ☐ \$155.00 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**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

East Coast Countertops & Cabinets, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
1128 State Street  
Holly Hill, FL 32117

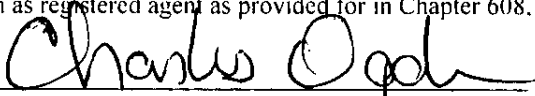
Mailing Address:  
38 Faith Lane  
Palm Coast, FL 32137

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Charles D. Ogden  
1128 State Street  
Holly Hill, Florida 32117

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)

**ARTICLE IV- Manager-Managed:**

This LLC is to be manager-managed. The name and address of each member and their designation is as follows:

Title:

Name and Address:

Managing Manager

Charles D. Ogden  
38 Faith Lane  
Palm Coast, Florida 32137

Member

Allison Ogden  
38 Faith Lane  
Palm Coast, Florida 32137

ARTICLE V: Effective date is the date of filing

REQUIRED SIGNATURE:

Charles D. Ogden  
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 D. Ogden  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA