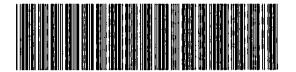
L14000195140

	(Requestor's Name)	
	(Address)	
	(Address)	 -
	(City/State/Zip/Phone #)	
PICK-L	JP 🔲 WAIT 🔲 N	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instruction	ns to Filing Officer:	
	·	

EFFECTIVE DATE OF O



100267511301

12/19/14--01032--010 **155.00

DEC 24 2014 J. BKCCE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Distinctive Millwork, LLC			
Nan	ne of Limited Liability Company		
The enclosed Articles of Organization and	fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
	Arthur Canter Name of Person		
•	Name of Felson		
	Distinctive Millwork Firm/Company	-	
	Типисопрану		
	7662 NW 6th Avenue		
	Address		
	Boca Raton, FL 33487	2014	
	City/State and Zip Code	DEC	18 44 18 44
E-mail address: (to	artie@distinctiveknb.com be used for future annual report notification)	9	
For further information concerning this ma	tter, please call:	PH	
•	ALS	ယ္	
Donna Fay Name of Person	at (561) 997-7952 Area Code Daytime Telephone Number	05	
Name of Ferson	Area code Baytime reteptione (vanioe)		
Enclosed is a check for the following amou	int:		
□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of St	_		
Mailing Address	Street/Courier Address		
Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	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:		
Distinctive Millwork, LLC	abilia Carraga W. I. C. Yaa W. I.	7 2)
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC)
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company	' is:
Principal Office Address:	Mailing Address:	
7662 NW 6th Avenue Boca Raton, FL 33487	7662 NW 6th Avenue Boca Raton, FL 33487	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	gistered Agent. You must designate	an individual or
Arthur Canter		
Name		
4047 OF 414 B		
1217 Clint Moore Road Florida street address (P.O. Box N	OT acceptable)	
. 1011au 01100 (1.10. 2011 <u></u>		
Boca Raton	FL 33487	
City	Zip	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging. Chapter Registered Agent's Signature.	ne appointment as registered agent and all statutes relating to the proper and attions of my position as registered age 605, F.S	nd agree to act in this I complete performance
(CONTINUED))	
Page 1 of 2		75.5 20

M DEC 19 PM 3: 05

EFFECTIVE DATE 01/01/15

AMBR" = Authorized Member MGR" = Manager	Name and Address:
<u> </u>	Arthur Canter
	1217 Clint Moore Road
	Boca Raton, FL 33487
MBR	Adam Canter
MVIDIX	Adam Canter 1217 Clint Moore Road
	Boca Raton, FL 33487
	DOCA NACOIL 1 C 33407
Jse attachment if necessary)	
VI: Other provisions, if any.	
VI: Other provisions, if any.	
VI: Other provisions, if any.	
VI: Other provisions, if any. EQUIRED SIGNATURE:	
EQUIRED SIGNATURE:	below
equired signature:	
EQUIRED SIGNATURE: Signature of a member of the control of the co	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
EQUIRED SIGNATURE: Signature of a member	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document dalties of perjury that the facts stated herein are true.
EQUIRED SIGNATURE: Signature of a member	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document dalties of perjury that the facts stated herein are true.
Signature of a member of a mem	r an authorized representative of a member, (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. abmitted in a document to the Department of State yided for in s.817.155, F.S.)
Signature of a member of a mem	r an authorized representative of a member, (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. abmitted in a document to the Department of State yided for in s.817.155, F.S.)
Signature of a member of a mem	r an authorized representative of a member, (1) (b), Florida Statutes, the execution of this document ralties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State rided for in s.817.155, F.S.)
Signature of a member of a mem	r an authorized representative of a member, (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. abmitted in a document to the Department of State yided for in s.817.155, F.S.)
Signature of a member of a mem	r an authorized representative of a member, (1) (b), Florida Statutes, the execution of this document ralties of perjury that the facts stated herein are true. abmitted in a document to the Department of State yided for in s.817.155, F.S.) or printed name of signee
Signature of a member of a mem	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. In a document to the Department of State wided for in s.817.155, F.S.) or printed name of signee Filing Fees:
Signature of a member of a mem	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. In a document to the Department of State wided for in s.817.155, F.S.) or printed name of signee Filing Fees:
Signature of a member of a mem	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. In a document to the Department of State wided for in s.817.155, F.S.) or printed name of signee Filing Fees:

Page 2 of 2