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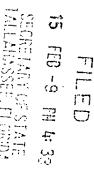
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

Division of Corporations
SUBJECT: Latitude 26 Cabinets & Trim LLC Name of Limited Liability Company 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:
Steve D. Gonzales Name of Person
Latitude 26 Cabinets & Trim LCC Firm/Company
3520 Tamiami lane Address
Nades, Florida 34112 City/State and Zip Code Latitude 216 o Steven a mail, com E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Steve D. Gonzales at (239) 877-2164 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 Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
	Ed Trim LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3500 Tamiami Lane Naples, Florida 34112	3520 Tamiami Lane
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:

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

Naples FL 34112

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 605, F.S.

lamiami

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager Steve D. Govrales	3500 Tamami Lane
"AMBR"	Naples, Florida
Diana M. Gonzales "MGR"	2620 Tamiami Lane Naples, Morida 34112
EV: Effective date, if other than the date of ctive date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of cive date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member. .0203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. .0203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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