# L15000040495

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

T. Burch MAR 5 2015

#### **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#### SUBJECT: V. P. CUSTOM CABINETS, LLC

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing fee	\$35.00
Designation of Registered Agent	\$35.00
Certificate of Status	<u>\$ 8.75</u>
TOTAL	\$78.75

FROM: <u>VENUS POWELL</u>

6601 LYONS ROAD, C-4

COCONUT CREEK, FL 33073

(954) 461-3518

SHEASHEA@AOL.COM



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2015

VENUS POWELL 6601 LYONS ROAD C-4 COCONUT CREEK, FL 33073

SUBJECT: V.P. CUSTOM CABINETS

Ref. Number: W15000012625

We have received your document for V.P. CUSTOM CABINETS and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$51.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 915A00003640

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

The name of the Limited Liability Company is:

#### V.P. CUSTOM CABINETS, LLC.

#### **ARTICLE II**

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

6601 LYONS ROAD, C-4 COCONUT CREEK, FL 33073

The mailing address for the Limited Liability Company is:

6601 LYONS ROAD, C-4 COCONUT CREEK, FL 33073



#### **ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

TO PERFORM ANY AND ALL LAWFUL BUSINESS

#### **ATRICLE IV**

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

SEBRINA BURROWS-ORGILL 5270 NORTHWEST 75<sup>TH</sup> AVENUE LAUDERHILL, FL 33319

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 obligations of my position as registered agent.

Registered Agent Signature:

Sebrina Burrows-Orgill

#### · ARTICLE V

The name and address of managing members/managers are:

Signature of managing members or authorized representative of a member:

Title: Manager VENUS POWELL 6601 LYONS ROAD, C-4 COCONUT CREEK, FL 33073