1500185185

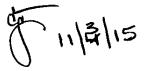
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000278514350

10/28/15--01009--014 **130.00



: COVER LETTER

то:	Registration Section Division of Corporations
SUBJEC	Affordable Dream Kitchens & Baths, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Suzette Welling
	Name of Person
	Firm/Company
	2641 Verandah Vue Drive
	Address
	Lakeland, FL 33812
	City/State and Zip Code
	Suzette Suzette welling design. Com E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Suzette Welling 863 430-1260
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
] \$125.00	Filing Fee \$\ \times \ \ \times \ \ \text{Certificate of Status} \ \ \text{Certified Copy} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

EFFECTIVE DATE 10/25/15

3.30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RTICLE I - Name: he name of the Limited Liability Company is:			ľ	-11	ΞD
	,,			15 OCT	28	- D 別 3.3
Affordable Dream K	itchens & Baths, LLC				<u> </u>	T.
(Must end	with the words "Limite	d Liability Company, "	'L.L.C.," or "LLC.")	ALAHA.		FORM
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	office of the Limited L	iability Company is:		·	
<u>Princip</u>	al Office Address:		Mailing Addr	ress:		
2641 Verandah Vue	Drive	2641 V	/erandah Vue Drive			
Lakeland, FL 33812		Lakela	ind, FL 33812			
	Suzette Welling	Name				
	2641 Verandah Vue	Drive				
		Drive ss (P.O. Box NOT acc	eptable)			
			eptable)			
	Florida street addre	ss (P.O. Box NOT acc	•			

(CONTINUED)

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorize	d Member	Name and Address:		
	"MGR" = Manager	a member			
	MGR		Suzette Welling		
		_	2641 Verandah Vue Drive		
			Lakeland, FL 33812		
	AMBR	<u> </u>	Leo Danny Welling		
			2641 Verandah Vue Drive		
			Lakeland, FL 33812		

			<u> </u>		
the date Note:	of filing.) If the date inserted in the	•	pplicable statutory filing requirements, this date will not be listed as		
the date Note: the doc	of filing.) If the date inserted in the	is block does not meet the a n the Department of State's	pplicable statutory filing requirements, this date will not be listed as		
the date Note: the doc	of filing.) If the date inserted in the ument's effective date of the LE VI: Other provisions	is block does not meet the a n the Department of State's, if any.	pplicable statutory filing requirements, this date will not be listed as		
the date Note: the doc	of filing.) If the date inserted in thus ument's effective date of	is block does not meet the a n the Department of State's , if any.	pplicable statutory filing requirements, this date will not be listed as records.		
the date Note: the doc	of filing.) If the date inserted in the ument's effective date of the LE VI: Other provisions	is block does not meet the a n the Department of State's , if any.	pplicable statutory filing requirements, this date will not be listed as records.		
the date Note: the doc	of filing.) If the date inserted in the ument's effective date of the LE VI: Other provisions REOUIRED SIGNA	is block does not meet the a n the Department of State's, if any.	pplicable statutory filing requirements, this date will not be listed as records.		
the date Note: the doc	of filing.) If the date inserted in the ument's effective date of the LE VI: Other provisions REQUIRED SIGNA	is block does not meet the a n the Department of State's, if any. FURE: Signature of a member or	pplicable statutory filing requirements, this date will not be listed as records. ———————————————————————————————————		
the date Note: the doc	e of filing.) If the date inserted in the ument's effective date of the umen's effetive date of the umen's effective date	is block does not meet the a n the Department of State's, if any. TURE: Signature of a member or locument is executed in acc	pplicable statutory filing requirements, this date will not be listed as records. ———————————————————————————————————		
the date Note: the doc	rective date is listed, the of filing.) If the date inserted in the ument's effective date of the dat	is block does not meet the a n the Department of State's, if any. TURE: Signature of a member or locument is executed in accurate that any false information.	pplicable statutory filing requirements, this date will not be listed as records. ———————————————————————————————————		
he date Note: the doc	rective date is listed, the of filing.) If the date inserted in the ument's effective date of the dat	is block does not meet the a n the Department of State's, if any. TURE: Signature of a member or locument is executed in accurate that any false information.	pplicable statutory filing requirements, this date will not be listed as records. Dulling an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2