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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Contemporary Name of Limited	Cabinet LLC I Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Christopher 1	lame of Person
	Crbinets 11c
833-1 Brucken	Address
Mitchell made (2)	32308 State and Zip Code  gmail.com future annual report notification)
For further information concerning this matter, please ca	ll:
Chris Mitchell at (85 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	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  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:	
(Must end with the words "Limited Liability Co	empany "L.L.C." or "LLC."
ARTICLE II - Address: The mailing address and street address of the principal office of the L	
Principal Office Address:	Mailing Address:
733-1 Brookwad Nr [211, FC 32308	
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	

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

Nam

833-1 Brook word Dr

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

Telleherer 1-L 32308

y State ..

Having them named as registered agent and to accept service of process for the above stated limited liability company at the place absignated 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 105, F.S.

(CONTINUED)

gent's Signature (REQUIRED)

Page 1 of 2

16 JAN -4 MID: 55

	Title:	Name and Address:		
Ų	"AMBR" = Authorized Member "MGR" = Manager	Chris Mitchell 833-1 Brockwood br Fall/FL/32308		
	•			
	(Use attachment if necessary)			
TIC	LEV: Effective date, if other than the date of	filing: (OPTIONAL)		
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