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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABBOT HILL CABINETRY, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

John I. Middaugh Attorney at Law 4100 Corporate Square, Ste. 152 Naples, FL 34104

E-mail address to be used for future annual report notification: jjmiddaugh@aol.com

For further information concerning this matter, please call:

John I. Middaugh at (239) 263-3100

Enclosed is a check for the following amount:

___ \$125.00 Filing Fee

★ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

or

STREET/COURIER ADDRESS:

Florida Department of State
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

MAILING ADDRESS:

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 245-6052

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY ABBOT HILL CABINETRY, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is Abbot Hill Cabinetry, LLC

ARTICLE II – ADDRESS

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

Abbot Hill Cabinetry, LLC 5880 Shirley Street Naples, FL 34109

<u>ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S</u> **SIGNATURE**:

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

Name:

John I. Middaugh

Address: 4100 Corporate Square, Ste. 152

Naples, FL 34104

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, Florida Statutes.

ARTICLE IV - MANAGER

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u> <u>Name and Address</u>

MGR William M. Zawko

5880 Shirley Street Naples, FL 34109

ARTICLE V - COMMENCEMENT OF EXISTENCE

This Limited Liability Company shall be deemed to commence its existence when these Articles are filed with the Florida Department of State.

ARTICLE VI – BUSINESS PURPOSE

The purpose of the Limited Liability Company is to engage in any lawful act or activity for which a Limited Liability Company may be formed under the Limited Liability statutes of the State of Florida.

ARTICLE VII – DURATION

The Limited Liability Company shall have a perpetual existence.

<u>ARTICLE IX – MEMBERS LIMITED LIABILITY</u>

The liability of the members shall be limited as provided under the laws of the Florida Limited Liability statutes.

ARTICLE X - MANAGER AS AGENT

This Limited Liability Company is a manager-managed company. No persons other than the Manager is an agent of the Limited Liability Company or has the authority to make any contracts, enter into any transactions, or make any commitments on behalf of the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Collier County, Florida on this 17th day of March, 2016. In accordance with Section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

Jøhn I. Middaugh, Authorized Representative of a Member