16000060845

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	•
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		





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03/23/16--01021--011 **160.00

EFFECTIVE DATE 04/01/16

COVER LETTER

	egistration Section Pivision of Corporations	
OHDHECT	Kitchen Cabinet and Granite	LLC
SUBJECT		ne of Limited Liability Company
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.
Please retu	urn all correspondence concerning	g this matter to the following:
	Bernard Davis	
	,	Name of Person
		77
		Firm/Company
	2002 E. 5th Ave #108	
		Address
	Tampa, FL 33605	
	kitchencabinetalsogranite@gma	City/State and Zip Code il.com
•	E-mail address: (to	be used for future annual report notification)
For further i	nformation concerning this matte	er, please call:
	Bernard Davis	813 777-1480 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amou	nt:
\$125.00 F	iling Fee \$130,00 Filing F Certificate of St	See & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kitchen Cabin	et and Granite LLC		
(Mu	st end with the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")
ICLE II - Address:			
nailing address and s	treet address of the principal of	fice of the Limite	ed Liability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
		••	
2002 E. 5th Av	re #108	20	02 E. 5th Ave #108
ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & mpany cannot serve as its own lith an active Florida registration	Registered Agent	mpa, FL 33605 ent's Signature:
ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & mpany cannot serve as its own l	Registered Agent	mpa, FL 33605 ent's Signature:
ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & mpany cannot serve as its own lith an active Florida registration street address of the registered	Registered Agent	mpa, FL 33605 ent's Signature:
ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & mpany cannot serve as its own lith an active Florida registration street address of the registered	k Registered Ag Registered Agent 1.)	mpa, FL 33605 ent's Signature:
ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & mpany cannot serve as its own lith an active Florida registration street address of the registered Bernard Davis	Registered Agent agent are: Name	ent's Signature: . You must designate an individu
ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & mpany cannot serve as its own lith an active Florida registration street address of the registered Bernard Davis 2002 E. 5th Ave #108	Registered Agent agent are: Name	ent's Signature: . You must designate an individu

d I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Citle:</u> AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	Bernard Davis
	2002 E. 5th Ave #108
	Tampa, FL 33605
MGR	Dikson Rodriquez
- ' 	2002 E. 5th Ave #108
	Tampa FL 33605

ARTICLE V: Effective date, if other than the date of filing: 4/1/16 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

(Use attachment if necessary)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, F.S.

Typed or printed name of signee

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)