(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certif⊦ed Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Talquin Cabinet Company LLC	
SOBJECT		imited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	Robert C. Bruner	
		Name of Person
	Robert C. Bruner Law Office	
	1	Firm/Company
	2810 Remington Green Circle	
		Address
	Tallahassee, Florida 32308	
	robertcbruner@hotmail.com	City/State and Zip Code
-		ed for future annual report notification)
For further in	nformation concerning this matter, plea	·
	Robert C. Bruner	850 385-0342
		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Secretified 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 Tallabassee, 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

Talquin Cabinet Com			
(Must end	with the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	ldress of the principal o	ffice of the Limited I	Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
134 Stripper Way		РО В	ox 1672
Quincy, Florida 3235	1	Quinc	y, Florida 32353
The Limited Liability Company	cannot serve as its own	Registered Agent. Y	.'s Signature: ou must designate an individual o
mother business entity with an a	cannot serve as its own ctive Florida registratio	Registered Agent. Yon.)	
The Limited Liability Company	cannot serve as its own ctive Florida registratio	Registered Agent. Yon.)	
The Limited Liability Company mother business entity with an a	cannot serve as its own ctive Florida registratio	Registered Agent. Y n.) I agent are:	
The Limited Liability Company mother business entity with an a	cannot serve as its own ctive Florida registration address of the registered	Registered Agent. Yon.)	
The Limited Liability Company mother business entity with an a	cannot serve as its own ctive Florida registration address of the registered	Registered Agent. Yon.) I agent are:	
The Limited Liability Company mother business entity with an a	cannot serve as its own ctive Florida registration address of the registered Robert C. Bruner	Registered Agent. Yon.) I agent are: Name en Circle	ou must designate an individual o
The Limited Liability Company mother business entity with an a	cannot serve as its own ctive Florida registration address of the registered Robert C. Bruner	Registered Agent. Yon.) I agent are: Name en Circle	ou must designate an individual o

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

	Title:	Name and Address:
	"AMBR" = Authorized Membe	r
	"MGR" = Manager	Joseph W. Higdon Jr.
	Member	134 Stripper Way
		Quincy, Florida 32351
		Quincy, Florida 32331
	Member	Carolyon Higdon
	Wienibei	134 Stripper Way
		Quincy, Florida 32351
		Quincy, Piorida 32331
	(Use attachment if necessary)	
		A A A A A A A A A A A A A A A A A A A
ARTIC	CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
		ust be specific and cannot be more than five business days prior to or 90 days after
	e of filing.)	
		loes not meet the applicable statutory filing requirements, this date will not be listed as
the doc	cument's effective date on the Dep	partment of State's records.
	W 77 10 10 10	
	CLE VI: Other provisions, if any.	
N/A		
	REOUIRED SIGNATURE:	

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.

Robert C. Bruner
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)

MPR 12 PH 1:22