

L17000021189-1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

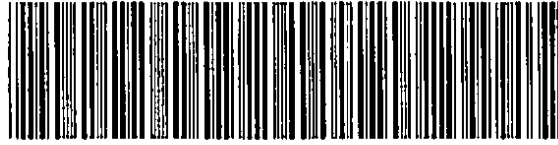
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cabinets By Ray LLC.

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Raymond Bolton

(Contact Person)

Cabinets By Ray

(Firm/Company)

908 NE 24th Lane, Unit 4

(Address)

Cape Coral, Florida 33909

(City, State and Zip Code)

raymondbolton@live.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Patty Bolton

at (239) 656-1683

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☒ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

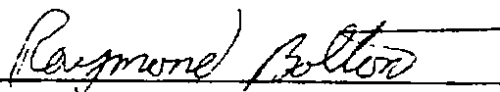
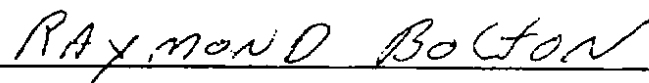
☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

### STREET ADDRESS:

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

### MAILING ADDRESS:

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

**Release Name Of Corporation****Please release the Business Name:****Cabinets By Ray Inc.****Address Of Business:****908 NE 24<sup>th</sup> Street unit 4  
Cape Coral, Fl 33909****Document Number: P03000034827****FEI/EIN #: 20-0323569****First Incorporated in Florida on March 27, 2003****Registered Agent Name, Address****Raymond Bolton  
4534 Orange Grove Blvd  
North Fort Myers, Fl 33903****Title: PD****Signed this 12 Day of October 2017****Signature of Registered Agent****Printed Name:**

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Raymond Bolton

4534 Orange Grove Blvd.

North Fort Myers, Florida 33903

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Raymond Bolton*

**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.

Raymond Bolton /

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)**