

LI9000 181763

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2019 JUL 26 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. SAMS
JUL 26 2019
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rodgers' Cabinets LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Kevin Rodgers
Name of Person

280 Hilliardville Rd.
Address

Crawfordville Fl. 32327
City/State and Zip Code

KevinRodgers 228 @ g01.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Rodgers at (850) 933-2180
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$150.00 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)

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

Street Address
New Filing Section
Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I, Kevin Rodgers, will not reinstate Rodgers' Cabinets L
Document number C1100030188.
And will file a new filing with the same name.

Kevin Rodgers
SIGN NAME

7-26-19
DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Rodgers' Cabinets LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4013 Woodville Hwy #9
Tallahassee FL 32305

280 Hilliardville Rd.
Crawfordville FL
- - - - - 32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

address of the registered agent are:

Kevin Rodgers
Name

Name: _____

280 Hilliardville Rd.
Florida street address (P.O. Box NOT acceptable)

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

Crawfordville FL 32327

City _____ State _____

Zirk

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

MGR

Name and Address:

KEVIN Rodgers
280 Hilligrove Rd.
Crawfordville FL 32327

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ALLAHASSEE, FLORIDA

(Use attachment if necessary)

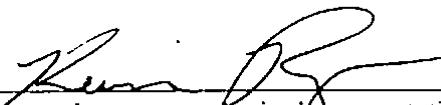
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

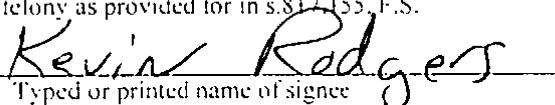
(If an effective date is listed, the date **must** be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:


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)