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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : A.A.ALI, CPA
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Phone : (407)298-3900
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
WEBSTER CABINETS, LLC**

Certificate of Status	1
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FILED
2019 AUG 23 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
WEBSTER CABINETS, LLC.

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

ARTICLE II - Address:

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

MAILING ADDRESS: 207 EAST BROAD ST
GROVELAND, FLORIDA 34736

PHYSICAL ADDRESS: 207 EAST BROAD ST
GROVELAND, FLORIDA 34736

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:

JARGRANIE DHARAMPAUL
207 EAST BROAD ST
GROVELAND, FLORIDA 34736

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..


JARGRANIE DHARAMPAUL
Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

*AMBR" = Authorized Member

*MGRM" = Manager

JARGRANIE DHARAMPAUL - MGRM
207 EAST BROAD ST
GROVELAND, FLORIDA 34736

PRETEMA DHARAMPAUL - MGRM
207 EAST BROAD ST
GROVELAND, FLORIDA 34736

HARRIRAM DHARAMPAUL - AMBR
207 EAST BROAD ST
GROVELAND, FLORIDA 34736

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

(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.)



REQUIRED SIGNATURE:

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

(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, F.S.)

JARGRANIE DHARAMPAUL

Typed or printed name of signer

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