# LZ00338176

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

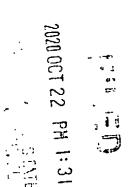
1

J. FASON NOV 0 4 2020



600352057926

10/22/20--01019--002 ++125.00



# COVER LETTER

	New Filing Se Division of Co				
SUBJEC	All Square T:	Cabinets, LLC			
(A)133 17C	··	Nan	ne of Limited L	ability Company	<del></del>
The enclo	osed Articles of	Organization and	fee(s) are subm	itted for filing.	
Please ret	urn all corresp	ondence concernin	g this matter to	the following:	
	Jason S. Lai	nbert, Esq.			
			Nam	e of Person	
	Dinsmore &	Shohl LLP			
	_	<del></del>	Firm	'Company	
	201 N. Fran	klin Street, Suite 3	050		
			;	Address	
	Tampa, FL	33602			
	iason lambert	@dinsmore.com	City/Stat	e and Zip Code	
	<del></del>	<del>~ _</del>	be used for futt	ire annual report notifica	ntion)
For further	information co	ncerning this matte	er, please call:		
	Jason S. Lan	ibert, Esq.	813 at {	543-9823	
	Nan	ne of Person		e Daytime Telepho	
Enclosed	is a check for t	he following amou	nt:		
<b>≡</b> \$125.0	0 Filing Fee	□\$130.00 Filin Certificate of St	atus Ce	\$155.00 Filing Fee & rtified Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee eet, Suite 810

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			 •	•						•				
ď	١	и		ı	ι.	ı	F	.	-	٠,	а	m	e	1

The name of the Limited Liability Company is:

All Square 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:

4705 N. LOIS AVE., SUITE B	4705 N. LOIS AVE., SUITE B
TAMPA, FL 33614	TAMPA, FL 33614
	_ <del></del>

## 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:

Jason S. Lambert, Es	sq.	
	Name	
201 N. Franklin Stre	ct. Suite 3050	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Tampa	Florida	33602
City	State	Zip

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 Signature (REQUIRED)

(CONTINUED)

2020 OCT 22 PM 1:31

# ARTICLE IV-

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

<u>1111e:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
_M6R_	All Square Holdings, LLC	
· · · · · · · · · · · · · · · · · · ·	4705 N. LOIS AVE., SUITE B	
	TAMPA, FL 33614	
		<del></del>
<del></del>		<del></del>
<del></del>		
(Use attachment if necessary)		
LEV: Effective date, if other than the da ffective date is listed, the date must be se of filing.)	specific and cannot be more than five business days prior to to the more than great the applicable statutory filing requirements, this date with the specific and cannot be more than five business days prior to the applicable statutory filing requirements.	or 90 days
LE V: Effective date, if other than the da ffective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to out the applicable statutory filing requirements, this date wi	or 90 days
LEV: Effective date, if other than the da ffective date is listed, the date must be se of filing.)	specific and cannot be more than five business days prior to out the applicable statutory filing requirements, this date wi	or 90 days
LE V: Effective date, if other than the da ffective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to out the applicable statutory filing requirements, this date wi	or 90 days
LE V: Effective date, if other than the da ffective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to out the applicable statutory filing requirements, this date wint of State's records.	or 90 days
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, it any.	specific and cannot be more than five business days prior to out the applicable statutory filing requirements, this date wint of State's records.	or 90 days
LE V: Effective date, if other than the da ffective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to out the applicable statutory filing requirements, this date wint of State's records.	or 90 days
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, it any.  REOUIRED SIGNATURE:	specific and cannot be more than five business days prior to a timeet the applicable statutory filing requirements, this date wint of State's records.	or 90 days
LE V: Effective date, if other than the da ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:	t meet the applicable statutory filing requirements, this date wint of State's records.	or 90 days
LE V: Effective date, if other than the da ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significant is executive to a first opening is executive.	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date wint of State's records.  Tender or an authorized representative of a member, stated in accordance with section 605 0203 (1) (b). Florida State	or 90 days
LE V: Effective date, if other than the da  ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not  ument's effective date on the Department  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significate of a n  This government is exect  I am aware that any fal	t meet the applicable statutory filing requirements, this date wint of State's records.  The state of an authorized representative of a member, stated in accordance with section 605.0203 (1) (b). Florida State is information submitted in a document to the Department of State information submitted in a document in the Department of State information submitted in a document in the Department of State information submitted in a document in the Department of State information submitted in a document in the Department of State information submitted in a document in the Department in the Departme	or 90 days
LE V: Effective date, if other than the da  ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not  ument's effective date on the Department  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significate of a n  This government is exect  I am aware that any fal	meet the applicable statutory filing requirements, this date wint of State's records.  Tember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida State se information submitted in a document to the Department of Section 10.000 (c).	or 90 days ill not be li
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significate of a nature of	member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Status information submitted in a document to the Department of See felony as provided for in s.817.155. F.S.	or 90 days
LE V: Effective date, if other than the da  ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not  ument's effective date on the Department  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significate of a n  This government is exect  I am aware that any fal	meet the applicable statutory filing requirements, this date wint of State's records.  Therefore or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida State is information submitted in a document to the Department of State fellows as provided for in s.817.155, F.S.	or 90 days ill not be li
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significate of a nature of	meet the applicable statutory filing requirements, this date wint of State's records.  Therefore an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida State is information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signce	or 90 days all not be li
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Significate of a nature of	meet the applicable statutory filing requirements, this date wint of State's records.  The state of an authorized representative of a member, and the interest of a member with section 605.0203 (1) (b). Florida Statuse information submitted in a document to the Department of State fellows as provided for in s.817.155. F.S.  Typed or printed name of signee	or 90 days all not be li
LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not ument's effective date on the Department  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Significant of a n  This goodment is exect 1 am aware that any fal constitutes a third degr  Jason S, Lambe	meet the applicable statutory filing requirements, this date wint of State's records.  The manufacture of an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statuse information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:	or 90 days ill not be li
LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not ument's effective date on the Department  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signifure of a n  This government is exect 1 am aware that any fal constitutes a third degr  Jason S. Lambe  \$125.00 Filing Fee for Articles of O	meet the applicable statutory filing requirements, this date wint of State's records.  Intercher or an authorized representative of a member, suited in accordance with section 605.0203 (1) (b). Florida Statuse information submitted in a document to the Department of State fellows as provided for in s.817.155, F.S.  Enterchart of Participant and Designation of Participant Apply.	or 90 days at the state of the
LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not ument's effective date on the Department  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signifure of a n  This government is exect 1 am aware that any fal constitutes a third degr  Jason S. Lambe  \$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date wint of State's records.  Intercher or an authorized representative of a member, auted in accordance with section 605.0203 (1) (b). Florida State is information submitted in a document to the Department of State fellows as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Transparent of Registered Agent	or 90 days ill not be li utes. State
LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.)  If the date inserted in this block does not ument's effective date on the Department  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signifure of a n  This government is exect 1 am aware that any fal constitutes a third degr  Jason S. Lambe  \$125.00 Filing Fee for Articles of O	meet the applicable statutory filing requirements, this date wint of State's records.  Intercher or an authorized representative of a member, and the intercher of a member of	or 90 days at the state of the