Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Co	rporations	π.ς >>ς	}
	Fax Number	: (850)617-6381	VSSE:	:
From:			<u>in</u> .	<u> </u>
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	7.	
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	Phone	: (305)552-5973	izi Orio	03
	Fax Number	: (305)675-5944	7	ರು
##En+/	o 465	ress for this business entity to be used for		

FLORIDA LIMITED LIABILITY CO. DIRECT CABINET COMPONENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR RIDA I IMITED LES

FLORIDA I DAUTE
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTICLE II - Address:
ARTICLE II - Address: The mailing address:
The mailing address and street address of the principal office of the Limited Liability
Principal office of the Limited Liability
29710 SW 183 CF.
Hames Estates
HOMESTEAR FLA 33030
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitec Liability with an active Florida registration.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
1120 0
JORGE LUIS PASZ
29710 SW 183 CT
11.026
Home SteAO, FLA 33030
ARTICLETV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
TORGE LUIS PART (AMBR)

Required Signatures:

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 Depart nent of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated imited 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)