

L21000351715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

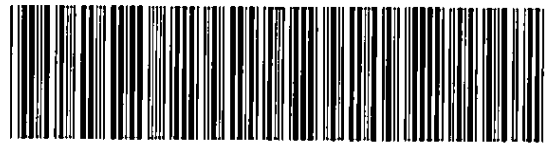
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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2021 AUG -4 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FL

08/04/21--01009--026 \*\*155.00

RECEIVED

2021 AUG -4 PM 2:57

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
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:

Kevin Rodgers  
Name of Person

Rodgers' Cabinets LLC.  
Firm/Company

280 Hilliardville Rd.  
Address

Crawfordville FL 32327  
City/State and Zip Code

Kevin Rodgers 228 @ aol.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

☐ \$130.00 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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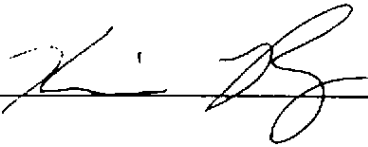
Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 310  
Tallahassee, FL 32303

8/4/21

I will not Reinstate Rodgers Cabinets LLC filed under document # L19000181763.

I wish to file a new Entity using the same name.

X  \_\_\_\_\_

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 AUG -4 PM 3: 06

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

280 Hilliardville Rd.  
Crawfordville Fl.  
32327

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:

Kevin Rodgers  
Name

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

Crawfordville Fl. 32327  
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's Signature (REQUIRED)

(CONTINUED)

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:

Kevin Rodgers  
280 Hillside Rd.  
Chickadeeville FL 32327

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG -1, PM 3:06

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-4-21 (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:

Kevin Rodgers

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.

Kevin Rodgers

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)