

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000032683

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000037791 3)))



H220000377913ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : GINN & PATROU, PA
Account Number : I20190000124
Phone : (904)461-3000
Fax Number : (844)730-9828

FILED

22 JAN 28 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FL 32312

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ginn@ginnpatrou.com

FLORIDA LIMITED LIABILITY CO.

Bill Goode's Custom Cabinets LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

#2200037791 3

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

22 JAN 28 PM 1:16

ARTICLE I - Name:
The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BILL GOODE'S CUSTOM 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:

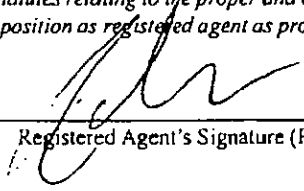
Principal Office Address:	Mailing Address:
<u>2139 Dobbs Road</u>	<u>2139 Dobbs Road</u>
<u>St. Augustine, FL 32086</u>	<u>St. Augustine, FL 32086</u>

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:

<u>Ginn & Patrou, PA</u>		
Name		
<u>460 A1A Beach Blvd</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>St. Augustine</u>	<u>FL</u>	<u>32080</u>
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)

#2200037791 3

#200037791 3