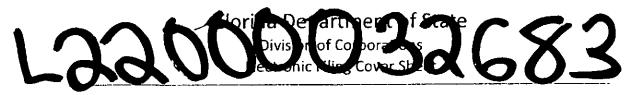
From: 13055038892



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

Page: 2 of 4

From:

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

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

FLORIDA LIMITED LIABILITY CO.

Bill Goode's Custom Cabinets LLC

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

S. CHATHAM

2022-01-28 20:22:35 GMT

8447309828

From: 13055038892

H22000377913

FILEB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

22 JAN 28 PM 1: 16

ISECTETARY OF STATE

BILL GOODE'S CUSTOM CABINE	1.5	١,	LC
----------------------------	-----	----	----

(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:
2139 Dobbs Road	2139 Dobbs Road
St. Augustine, FL 32086	St. Augustine, FL 32086

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:

Ginn & Patrou, PA		
	Name	
460 ATA Beach Blv	rd	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
St. Augustine	FL	32080
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)

#27,000377913

H2200037791 3

Page; 4 of 4

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MBR	Mary R. Goode 2139 Dobbs Road St. Augustine, FL 32086
MBK	William T. Goode 2139 Dobbs Road St. Augustine, FL 32086
MGR	William T. Goode 2139 Dobbs Road St. Augustine, FL 32086
(Use attachment if necessary)	
fective date is listed, the date must be sof filing.) If the date inserted in this block does not	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b
fective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b
fective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b nt of State's records.

Filing Fccs:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2 JAN 28 PH I: II

John Cam, attorney