

L22000109153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

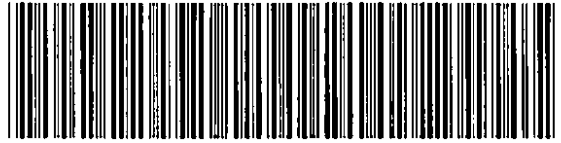
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/17/22--01011--001 **160.00

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2022 MAR 17 AM 9:33

CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 MAR 17 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

AL 3/17/22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Flagler Cabinet Company 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:

Brandalyn Thompson
Name of Person

Flagler Cabinet Company
Firm/Company

120 Flagler Plaza Unit 120
Address

Palm Coast, FL 32137
City/State and Zip Code

FCC Brandalyn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandalyn Thompson at (386) 569-3981
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 310
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAR 17 AM 9:47

Flagler Cabinet Company LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

120 Flagler Plaza Drive
Palm Coast, FL 32137
Unit 120

Mailing Address:

120 Flagler Plaza Dr
Palm Coast, FL 32137
Unit 120

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:

Brandalyn Thompson

Name

25 Butternut Dr.

Florida street address (P.O. Box NOT acceptable)

Palm Coast

City

FL

State

32137

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..

[Signature]

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

MGR

MGR

Name and Address:

Brandalyn Thompson
25 Buttercutt Dr
Palm Coast FL 32137

David Gessel
96 Bruen St.
St. Augustine, FL 32137

FILED
TAMPA
FL
MAR 17 2022
AM 9:47

(Use attachment if necessary)

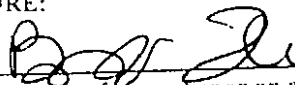
ARTICLE V: Effective date, if other than the date of filing: 3-17-22 (OPTIONAL)

(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:


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.

Brandalyn Thompson
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)