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PICK-UP WAIT MAIL				
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K. SALY EXAMINER APR 2 6 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ADORNUS CABINETRY, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
JORGE C. MEJIAS
Name of Person
ADORNUS CABINETRY, LLC
Firm/Company
. ,
3615 NW 115TH AVENUE
Address
DORAL, FL 33178
City/State and Zip Code
ggray@arthurpalermo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GARY GRAY _{at (} 954
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\$125.00 \text{ Filing Fee}} \ \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}} \ \int_{\$155.00 \text{ Filing Fee & Certified Copy}} \ \int_{\$160.00 \text{ Filing Fee, Certified Copy}} \ \int_{

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ADORNUS CABINETRY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Elimited Elability Company, must include Elimited Elability Company, B.E.C., or EEC.)
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2	WYOMING 3. 27-4839879 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	11/16/2010 5. PERPETUAL.
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	1/1/2011
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	3615 NW 115TH AVENUE
	DORAL, FL 33178
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The state of the state
9.	The name and usual business addresses of the managing members or managers are as follows:
	JORGE C. MEJIAS, 741 NW 129TH AVENUE, MIAMI, FL 33182
	ZHI WILLIAM LI, 4371 LAUREL RIDGE CIRCLE, WESTON, FL 33331
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida:
	CABINETRY DISTRIBUTION AND SALES
	ttlencia
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

JORGE C. MEJIAS

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Comp	eany is:		
ADORNUS CABINETRY, LLC	0		
If unavailable, the alternate to be used in the	e state of Florida is:		
2. The name and the Florida street address of	of the registered agent and office are:		
ARTHUR PALERMO JR. CPA, PA			
	(Name)		
9720 STIRLING ROA	D, SUITE 203		
Florida Street Addi	ress (P.O. Box NOT ACCEPTABLE)		
COOPER CITY	FL 33024		
	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 608, Florida Statutes.

U

(Signature

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Adornus Cabinetry, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 16, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000592676**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of December, 2010 at 7:35 AM. This certificate is assigned 008911323.



Maj Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.