

L13000000649

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2013 JAN -2 AM 8:38
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(((H13000000279 3)))



H130000002793ABCW

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) 617-6383

From: Account Name : METRO BUSINESS AGENCY, INC.
Account Number : I20080000101
Phone : (239) 466-8600
Fax Number : (239) 275-0865

Effective Date 01/01/13

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

Email Address: maria@metroinsurancefl.com

FLORIDA LIMITED LIABILITY CO.
S.S. FLOOR COVERING, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
13 JAN -2 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help J. BRYAN

JAN - 8

FROM metro business agency

(WED) JAN 2 2013 10:44/ST. 10:43/No. 9160170770 P 2

(((H2 30000002 + 4 3)))

(850) 245-6051.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **S.S. FLOOR COVERING, LLC.**
Name of Limited Liability Company

2013 JAN -2 AM 8:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANNA SRODA

Name of Person

METRO BUSINESS AGENCY, INC.

Firm/Company

15200 S. TAMiami TRAIL, SUITE 117

Address

FORT MYERS, FL 33908

City/State and Zip Code

MARIA@METROINSURANCEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANNA SRODA

Name of Person

at **239 466-8600**

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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H 13 0000002 M)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
2013 JAN -2 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

S.S. FLOOR COVERING, LLC.

(Must end with 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:

415 FAIRFAX DR
FORT MYERS, FL 33905

415 FAIRFAX DR
FORT MYERS, FL 33905

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:

Effective Date 01/01/13

METRO BUSINESS AGENCY, INC
Name

15200 S. TAMiami TRAIL, SUITE 117
Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS, FL 33908 FL
City, State, and 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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

(LL H 1 3 0 0 0 0 0 0 2 7 9 3 11)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SABAS SANCHEZ NERI
415 FAIRFAX DR
FORT MYERS, FL 33905

MGRM

DIEGO SANCHEZ
415 FAIRFAX DR
FORT MYERS, FL 33905

MGRM

ABDON SANCHEZ NERI
415 FAIRFAX DR
FORT MYERS, FL 33905

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2013, (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.)

REQUIRED SIGNATURE:

Sebas Sanchez

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, 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.)

SABAS SANCHEZ NERI

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)

2013 JAN -2 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED