# LD900096829

	(Requestor's Name)
<u>.</u>	(Address)
<del>.</del>	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	to Filing Officer

Special Instructions to Filing Officer:

L. SELLERS

OCT -7 2009

**EXAMINER** 

Office Use Only



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10/06/09--01015--024 \*\*130.00

SECRETARY OF STATE

# **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	CT: <u>Aaron Wilsey Flooring &amp; Renovation</u> UC Name of Limited Liability Company				
The encl	osed Articles of Organization and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:				
	Hann Wilsey				
-	Name of Person				
_	Firm/Company .				
_	PO 60x 251				
	Address				
_	SOPChoppy, FZ 32358				
	City/State and Zip Code  Odnywy Lsur a Imbaramal Com  E-mail address: (to be lised for future annual report potification)				
For furth	er information concerning this matter, please call:				
0	Name of Person  at (850) 519-2832  Area Code & Daytime Telephone Number				
Enclose	d is a check for the following amount:				
<b>Q</b> \$125.00	O Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certificate of Status}}\$\bigs\text{\$155.00 Filing Fee & Certificate of Status}\$				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
(Must end with the words "Lijnited Liabili	DVING RENIVOY ty Company, "L.L.C.," or "LLC.")	1M,	U	C
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	oility Co	ompar	ıy is:
Principal Office Address:	Mailing Address:			
7 Brasley Rd Sprhoppy Ft 32358	P) BOX 251 SUPCHOPPY, FL	_32	<i>35</i> 8	P
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
uaron W	usey			
7 Rushu	1 Pol			
Florida street address (P.O.	Box NOT acceptable)			
Soponoppy City, State, an	<u>FL 32358</u> d Zip			
Having been named as registered agent and to a				
liability company at the place designated in the registered agent and agree to act in this capacity.				
statutes relating to the proper and complete per accept the obligations of my position as regist	formance of my duties, and I am J	familiar	with c	and
Coron / W	ilsel			
Registered Agent's Signatu	ic (KEQUIKED)	SECRE	09 OCT	-T1
(CONTINU	(ED)	HASSE	9-1	Ë
		, , ,		7 1 1

# Page 1 of 2

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

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

	Title: "MGR" = Manager	Name and Address:				
	"MGRM" = Managing Member  MGRM	Daron Wilsey Po Box 251 Sopenoppy Ft 32358				
. 50	(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)  If an effective date is listed, the date must be specific and cannot be more than five business days prior o or 90 days after the date of filing.)						
REQUIRED SIGNATURE:  Signature of a plember or an authorized representative of a member.						
	of this document constitute that the facts stated herein that the facts are st	of 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)  USLY  or printed name of signee				
	Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation					
	5145.UU FIJING FEE fOR ARTICIES OF FREGENIZO	rion and Designation				

of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)