

LO10000013751

Metro Financial

Requester's Name

7651 E. Ashley Park Ct., Ste 411

Address

Orlando FL 32835

City/State/Zip

Phone #

MJH

8/14

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
000004534450--4  
-08/14/01--01081--001  
\*\*\*\*100.00 \*\*\*\*100.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
000004534450--4  
-08/14/01--01081--002  
\*\*\*\*\*25.00 \*\*\*\*\*25.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
01 AUG 14 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

FLAGLER FLOORCOVERINGS & SUPPLIES LLC

**ARTICLE II – Address:**

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

12 EASTWOOD DRIVE  
PALM COAST, FLORIDA 32164-6100

**ARTICLE III – Registered Agent**

The name and street address of the initial registered agent is:

JAMES L. HARPER JR.  
12 EASTWOOD DRIVE  
PALM COAST, FLORIDA 32164-6100

**ARTICLE IV – Management**

The Limited Liability Company is to be managed by the members.

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
JAMES L. HARPER JR.

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SECRETARY OF STATE  
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**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 company is:

FLAGLER FLOORCOVERINGS & SUPPLIES LLC

2. The name and the Florida street address of the registered agent are:

JAMES L. HARPER JR.

Name

12 EASTWOOD DRIVE

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

PALM COAST, FLORIDA 32164-6100

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature