

L02000030227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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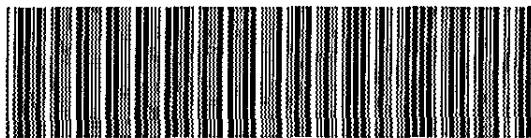
(Business Entity Name)

(Document Number)

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11-13-02

TILE AND CARPET OF ALTAMONTE  
820 E. ALTAMONTE DR.  
ALTAMONTE SPGS, FL. 32701

407-331-8453 FAX 407-331-3277

Robert Mello  
820 E. Altamonte Drive  
Altamonte Springs Fl. 32701

407-331-8453

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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 31, 2002

ROBERT MELLO  
820 E. ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: TILE & CARPET OF ALTAMONTE SPRINGS L.L.C.  
Ref. Number: W02000031312

We have received your document for TILE & CARPET OF ALTAMONTE SPRINGS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 902A00059800

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tile & Carpet of Altamonte Springs "L.L.C."**ARTICLE II - Address:**

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

820 E. Altamonte Drive Altamonte Springs FL 32701**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert Mello

Name

820 E. Altamonte DriveFlorida street address (P.O. Box **NOT** acceptable)Altamonte Springs FL 32701

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.*

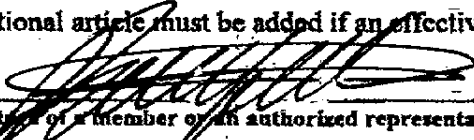


Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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.)

Robert W. Mello

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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