

L03000015384

00789-00623-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

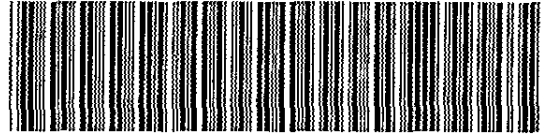
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Special Instructions to Filing Officer:

4/28 FL LC CVS

W03-11286

Office Use Only



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04/18/03--D1038--003 \*\*130.00

MJH

FILED  
03 APR 28 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pembroke Pines, April 14, 2003

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Enclosed please find completed application form for Floor City, LLC.

My address and telephone numbers are the following:

1997 NW 170 Avenue  
Pembroke Pines, FL 33028

Tel. (954) 433-7516  
Cel. (754) 234-5567

Cordially,



Ivan Lacouture



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 21, 2003

IVAN LACOUTURE  
1997 NW 170 AVENUE  
PEMBROKE PINES, FL 33028

SUBJECT: FLOOR CITY, LLC  
Ref. Number: W03000011286

We have received your document for FLOOR CITY, LLC and your check(s) totaling \$130.00. 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 203A00024006

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Floor City, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
1997 NW 170 Avenue  
Pembroke Pines, FL 33028

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ivan Lacouture

Name

1997 NW 170 Avenue

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

Pembroke Pines

FL 33028

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

(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.)

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

03 APR 28 PM 2:01

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