

L03000046772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500024511805

11/21/03--01074--014 \*\*155.00

RECEIVED  
03 NOV 21 PM 2:54  
DIVISION OF CORPORATION  
TALLAHASSEE FLORIDA  
FILED  
03 NOV 21 AM 11:45  
SECRETARY OF STATE

05/11/21

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAMENDOLA'S Quality Carpet Installation LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MARK Gregory Lamendola  
(Name of Person)

LAMENDOLA'S Quality Carpet Installation LLC  
(Firm/Company)

33 SAM MARKS Rd.  
(Address)

Crawfordville, FL. 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK or Cheryl Lamendola at (850) 510-9475  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
03 NOV 21 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: LAMENDOLA'S QUALITY CARPET INSTALLATION LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

33 SAM MARKS Rd.  
Crawfordville, FLA. 32327

**Mailing Address:**

33 SAM MARKS Rd.  
Crawfordville, FLA. 32327

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

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

MARK Gregory LAMENDOLA  
Name  
33 SAM MARKS Rd.  
Florida street address (P.O. Box NOT acceptable)  
Crawfordville FL 32327  
City, State, and Zip

**FILED**  
03 NOV 21 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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

(CONTINUED)

**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

MARK Gregory LAMendola  
33 SAM MARKS Rd.  
CRAWFORDVILLE, FLA. 32327

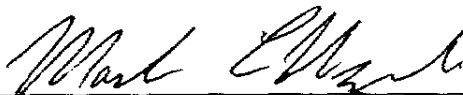
MGRM

Cheryl J. LAMendola  
33 SAM MARKS Rd.  
CRAWFORDVILLE, FLA. 32327

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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.)

MARK Gregory LAMendola

Typed or printed name of signee

**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)

**FILED**  
03 NOV 21 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA