

LD3000047626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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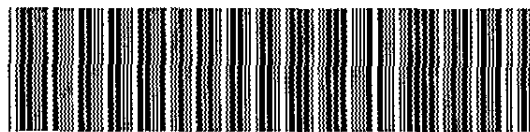
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORMAN STALVEY FLOORCOVERING  
(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:

NORMAN STALVEY  
(Name of Person)

NORMAN STALVEY FLOORCOVERING  
(Firm/Company)

P.O. Box 1148  
(Address)

CRAWFORDVILLE, FLORIDA 32326  
(City/State and Zip Code)

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For further information concerning this matter, please call:

NORMAN STALVEY at ( 950 ) 5281016  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NORMAN STALVEY ~~MODA FLOORCOVERING~~ LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1231 REHWINKEL Rd.  
CRAWFORDVILLE, FLORIDA 32327

**Mailing Address:**

PO Box 1148  
CRAWFORDVILLE, FLORIDA 32326

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

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

NORMAN STALVEY  
Name

1231 REHWINKEL Rd.  
Florida street address (P.O. Box **NOT** acceptable)

CRAWFORDVILLE FLORIDA 32326  
City, State, and Zip

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*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, Florida Statutes..*

Norman Stalvey  
Registered Agent's Signature

**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

NORMAN STALVEY  
PO BOX 1148  
CRAWFORDVILLE, FLORIDA 32326

_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Norman Stalvey  
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.)

NORMAN STALVEY  
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)

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