

L03000050777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

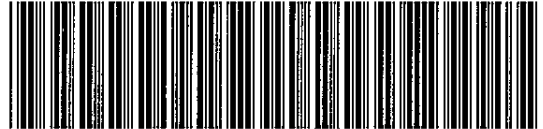
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700024785047

12/08/03--01004--007 **155.00

EFFECTIVE DATE
1-1-04

FILED
03 DEC -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/21/8

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hollinsworth Floor Covering 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:

EFFECTIVE DATE

Terry L. Hollinsworth Jr.
(Name of Person)

Hollinsworth Floor Covering LLC.
(Firm/Company)

901 OAK Knoll AVE.
(Address)

Tallahassee Fl. 32312
(City/State and Zip Code)

FILED
03 DEC -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Terry Hollinsworth at (850) 251-2864
(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:

Hollinsworth Floor Covering LLC

EFFECTIVE DATE
1-1-04

ARTICLE II - Address:

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

Principal Office Address:

901 OAK Knoll Ave.
Tallahassee FL 32312

Mailing Address:

901 OAK Knoll Ave.
Tallahassee FL 32312

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

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

TERRY L. HOLLINSWORTH JR.
Name

901 OAK Knoll Ave
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32312
City, State, and Zip

FILED
03 DEC -8 AM 11:35
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..

Terry L. Hollinsworth Jr.
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 MGRM

TERRY L. Hollinsworth JR.
901 OAK KNOLL AVE
Tallahassee FL 32312

MGRM

Justin Burch
1273 Old Woodville Rd.
Chapmanville 32326

(Use attachment if necessary)

Effective date shall be 1-1-04

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

REQUIRED SIGNATURE:

Terry L. Hollinsworth Jr.
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.)

TERRY L. Hollinsworth JR.
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)

03 DEC -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED