

W03000052984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MIGUEL CORTIJO

6118 TURNBURY PARK DR.

APT # 11207

SARASOTA, FL 34243

Certified Copies _____ Certificates of Status 1

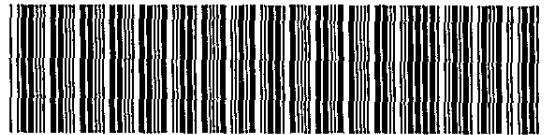
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CLERK OF COURT
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLOOR RESTORATION SPECIALISTS LLC

ARTICLE II - Address:

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

Principal Office Address:

**165 114TH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33716**

Mailing Address:

**5824 BEE RIDGE ROAD # 172
SARASOTA, FLORIDA 34223-5065**

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

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

MIGUEL A. CORTIJO

Name

6118 TURNBURY PARK DRIVE APT # 11207

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

SARASOTA, FLORIDA 34243

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, Florida Statutes..*

Registered Agent's Signature

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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:

MGR

CARLO SANDRO GARDINI
165 114th AVENUE NORTH
ST. PETERSBURG, FL 33716

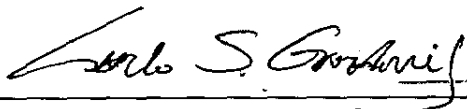
MGRM

ALICIA HOWARD
11075 SW 69th TERRACE
MIAMI, FLORIDA 33173

ARTICLE V- Effective date of operations:

The effective date of operations of the Limited Liability Company is **January 1st, 2004.**

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.)

CARLO SANDRO GARDINI

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)**