

LO3000054601

03 DEC 15 PM 1730

FLORIDA STATE  
ALLEGSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

13/16/03--01030--023 \*\*155.00

(Document Number)

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## TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

03 DEC 15 PM 1:30

SUBJECT: THE FINEST FLOORING LLC  
(Name of Limited Liability Company)

FLORIDA STATE  
FLORIDA

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

Please return all correspondence concerning this matter to the following:

RAFAEL JOMARRON E.A.

(Name of Person)

N/A

(Firm/Company)

3245 8TH ST

(Address)

SARASOTA FL 34237-4705

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL JOMARRON

(Name of Person)

at ( 941 ) 366-5491

(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

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ARTICLES OF ORGANIZATION 03 DEC 15 PM 1:30  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
STATE OF FLORIDA, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE FINEST FLOORING LLC

**ARTICLE II - Address:**

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

Principal Office Address:

2067 MAGNOLIA ST

SARASOTA, FL 34239

Mailing Address:

2067 MAGNOLIA ST

SARASOTA, FL 34239

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

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

RAFAEL GONZALEZ

Name

2067 MAGNOLIA ST

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

SARASOTA,

FLORIDA

34239

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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FLORIDA STATE  
ATTACHMENT, FLORIDA

**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

RAFAEL GONZALEZ

2067 MAGNOLIA ST

SARASOTA, FL 34239

(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.)

RAFAEL GONZALEZ

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)