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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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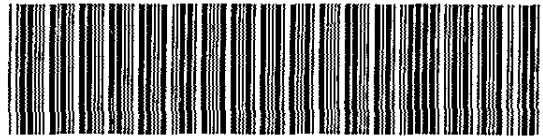
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D. DOMINGUEZ FLOOR INSTALLATION SPECIALIST 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:

MIGUEL CORTIJO

(Name of Person)

(Firm/Company)

6118 TURNBURY PARK DR APT # 11207

(Address)

SARASOTA, FLORIDA 34243

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL CORTIJO

(Name of Person)

at (941) 400-7110

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

D. DOMINGUEZ FLOOR INSTALLATION SPECIALIST LLC

ARTICLE II - Address:

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

Principal Office Address:

**1037 MEADOW BREEZE LN
SARASOTA, FLORIDA 34240**

Mailing Address:

**1037 MEADOW BREEZE LN
SARASOTA, FLORIDA 34240**

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

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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..*

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:

MGR

DAVID DOMINGUEZ
1037 MEADOW BREEZE LN
SARASOTA, FLORIDA 34240

ARTICLE V- Effective date of operations:

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

DAVID DOMINGUEZ

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)

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SECRETARY OF STATE

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