

L04 0000 14570

(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



000028540160

02/14/04--01002--014 \*\*155.00

FILED  
04 FEB 13 PM 12:27  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mitchell & Wendy Baroni Flooring Specialists, 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:

Joe Blacketer  
(Name of Person)

Blacketer & Associates, Inc.  
(Firm/Company)

8270 College Parkway Suite 105  
(Address)

Fort Myers, Florida 33919  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Blacketer at ( 239 ) 454-8500  
(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

RECEIVED  
TALLAHASSEE, FLORIDA

04 FEB 13 PM 12:27

FILED

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

**FILED**  
04 FEB 13 PM 12:27  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mitchell & Wendy Baroni Flooring Specialists, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2133 Gardenia Circle E

N Fort Myers, Florida 33917

**Mailing Address:**

2133 Gardenia Circle E

N Fort Myers, Florida 33917

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

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

Mitchell Baroni

Name

2133 Gardenia Circle E

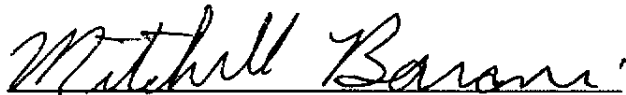
Florida street address (P.O. Box **NOT** acceptable)

N Fort Myers

FLORIDA FL

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

FILED

04 FEB 13 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, 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:**

MGRM

Mitchell Baroni

2133 Gardenia Circle E

N Fort Myers, FL 33917

MGRM

Wendy Baroni

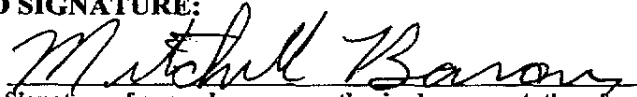
2133 Gardenia Circle E

N Fort Myers, FL 33917

(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.)

Mitchell Baroni

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)