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(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
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J. BRYAN MAH 5 1.2004

### TRANSMITTAL LETTER

	tion Section of Corporations
SUBJECT:	RICHARD MARK DEMARINO WOOD FLOORING, LLC
	(Name of Limited Liability Company)
The enclosed Arti	icles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:  RICHARD MARK DEMARINO  (Name of Person)  (Firm/Company)
	RICHARD MARK DEMARINO
-	(Name of Person)
	(Firm/Company)
	18202 Iris Rd. SE
	(Address)
	Fort Myers, FL 33912
	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
Richa	ard Mark DeMarino at (239)482-6433
	(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 AN AN STATE OF SE

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: RICHARD MARK DEMARINO WOOD FLOORING, LLC

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Compar

Principal Office Address:	Mailing Address:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
18202 Iris Rd. SE	18202 Iris Rd. SE	
Ft. Myers, FL 33912	Ft. Myers, FL 33912	
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:	
The name and the Florida street address o	f the registered agent are:	

Richard Mark DeMarino Name 18202 Iris Rd. SE Florida street address (P.O. Box NOT acceptable) Ft. Myers 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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s): ,

The name and address of each Manager or Managing Member is as follows:

manager	Richard Mark DeMarino	MARION MESO
	18202 Iris Rd, SE	Con Contraction
	Ft. Myers, FL 33912	100
		TO AS
		•
(Use attachment if necessary)		

,

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.)

Richard Mark DeMarino

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)

Page 2 of 2

CMARLES J. TRUDELL
NOTARY FUELC - STATE OF LODIO
COMMISSION \* DOT 18458
EXPIRES 11/13/2006
BONDED THRU 1-888-NOTARY1
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