

L04000028569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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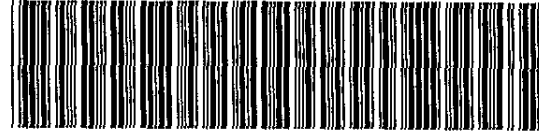
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 APR 14 P 3:54

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tommy PARRISH FLOORING
(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:

Tommy PARRISH
(Name of Person)

Tommy PARRISH FLOORING
(Firm/Company)

5998- 13 ST. N.
(Address)

ST. PETERSBURG FLA. 33703
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy PARRISH at (727) 522-9443
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 8, 2004

TOMMY PARRISH
TOMMY PARRISH FLOORING
5998 13 ST. N.
ST PETERSBURG, FL 33703

SUBJECT: TOMMY PARRISH FLOORING
Ref. Number: W04000013697

We have received your document for TOMMY PARRISH FLOORING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 804A00022983

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tommy PARRISH FLOORING "L.L.C."

ARTICLE II - Address:

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

Principal Office Address:

5998- 13 ST.N.
ST. PETERSBURG FLA. 33703

Mailing Address:

5998- 13 ST.N.
ST. PETERSBURG FLA 33703

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

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

Tommy PARRISH
Name
5998- 13 ST.N.
Florida street address (P.O. Box NOT acceptable)
ST. PETERSBURG FLORIDA 33703
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

Tommy Parrish
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

MGR

Name and Address:

Tommy PARRISH
5998 - 13 ST. N.
ST. PETERSBURG FLA 33703

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Tommy Parrish
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.)

Tommy PARRISH
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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TALLAHASSEE, FLORIDA

FILED