

L04000040273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

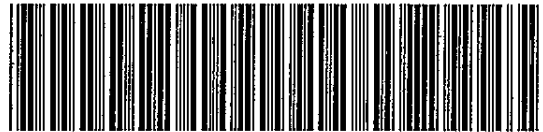
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400036251634

05/19/04--01039--007 **160.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 PM 3:18

L0405/27/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DALE POWELL FLOOR COVERING L.L.C.
(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:

Dale Powell
(Name of Person)

Dale Powell Floor Covering L.L.C.
(Firm/Company)

113 3rd JPV St
(Address)

Winter Haven FL 33880
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 PM 3:18

For further information concerning this matter, please call:

Dale Powell at (863) 293-1587
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DALE POWELL FLOOR COVERING 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:

113 3rd JPV St.
Winter Haven, FL 33880

Mailing Address:

SAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 PM 3:18

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

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

DALE POWELL

Name

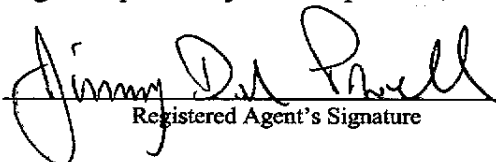
113 3rd JPV St.

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

Winter Haven FLORIDA 33880

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

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

Dale Powell
113 3rd JPV St.
Winter Haven FL 33880

(Use attachment if necessary)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 PM 3:19

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

REQUIRED SIGNATURE:

Jimmy Dale Powell
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.)

Jimmy Dale Powell
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)