

L04000041518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

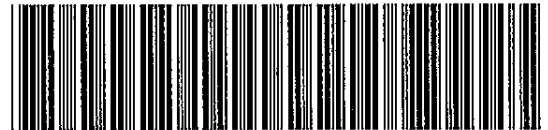
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANHANDLE FLOORING 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:

DEBBIE A. DEAN
(Name of Person)

SHARP CARPET & CERAMIC TILE INC.
(Firm/Company)

2617 MARTIN LUTHER KING JR., BLVD.
(Address)

PANAMA CITY, FL 32405
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBBIE A. DEAN at (850) 769-8505
(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

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W04-20905



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 28, 2004

DEBBIE A. DEAN
SHARP CARPET & CERAMIC TILE INC.
2617 MARTIN LUTHER KING JR. BLVD.
PANAMA CITY, FL 32405

SUBJECT: PANHANDLE FLOORING LLC
Ref. Number: W04000020905

We have received your document for PANHANDLE FLOORING LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 104A00037465

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PANHANDLE FLOORING LLC

ARTICLE II - Address:

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

Principal Office Address:

12515 OWENWOOD ROAD

FOUNTAIN, FL 32438

Mailing Address:

12515 OWENWOOD ROAD

FOUNTAIN, FL 32438

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

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

ROBERT D. GOSHORN

Name

12515 OWENWOOD ROAD

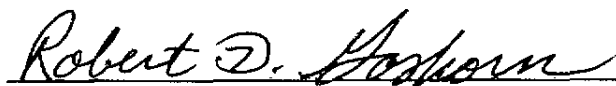
Florida street address (P.O. Box **NOT** acceptable)

PANAMA CITY

FLORIDA

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

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DIVISION OF CORPORATIONS
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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

ROBERT D. GOSHORN

12515 OWENWOOD ROAD

FOUNTAIN, FL 32438

MGRM

KRYSTAL GOSHORN

12515 OWENWOOD ROAD

FOUNTAIN, FL 32438

MGRM

LINDSEY A. GOSHORN

12515 OWENWOOD ROAD

FOUNTAIN, FL 32438

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert D. Goshorn

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.)

ROBERT D. GOSHORN

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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