L04000043732

| (Re | questor's Na | me) | | |
|---|---------------|-----------|--------|--|
| (Address) | | | | |
| (Address) | | | | |
| (City | y/State/Zip/P | hone #) | | |
| PICK-UP | ☐ WAIT | - | MAIL | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certific | ates of S | Status | |
| Special Instructions to Filing Officer: | | | | |
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| W04-176 | 77 | 2548 |) | |



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Office Use Only



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 7, 2004

PATRICK NELSON 1255 AMHERST RD. PANAMA CITY, FL 32405

SUBJECT: PATRICK NELSON FLOORING

Ref. Number: W04000017677

We have received your document for PATRICK NELSON FLOORING and your check(s) totaling \$160.00. 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 004A00031456

DIVISION OF CORPORATION

TRANSMITTAL LETTER

| Division of Corporations | | | | |
|--|-------------|--|--|--|
| SUBJECT: Patrick Nelson 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: | | | | |
| Patrick Nelson | _ | | | |
| (Name of Person) | _ | | | |
| Patrick Nelson Flooring | | | | |
| (Firm/Company) | | | | |
| 1255 Amherst Rd. | | | | |
| (Address) | | | | |
| Panama City Florida 32405 | | | | |
| (City/State and Zip Code) | - | | | |
| For further information concerning this matter, please call: | | | | |
| Patrick Nelson Flooring at (850 785-7684 | | | | |
| (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 04 HAY 24 PM 12: 04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Patrick Nelson Flor | oring LLC | | |
|-----------------------------|---|---|--|
| ARTICLE II - A | | | |
| The mailing addr | ress and street address of th | e principal office of the Limited Liability Company i | |
| Principal Office | Address: | Mailing Address: | |
| Patrick Nelson Flooring LLC | | Patrick Nelson Flooring LLC | |
| 1255 Amherst Rd. | | 1255 Amherst Rd. | |
| Panama City FL, 32405 | | Panama City FL, 32405 | |
| ARTICLE III - | | ered Office, & Registered Agent's Signature: | |
| ARTICLE III - | Registered Agent, Registe | ered Office, & Registered Agent's Signature: | |
| ARTICLE III - | Registered Agent, Registe e Florida street address of t Patrick Nelson | ered Office, & Registered Agent's Signature: | |
| ARTICLE III - | Registered Agent, Registe e Florida street address of t Patrick Nelson | ered Office, & Registered Agent's Signature: he registered agent are: | |
| ARTICLE III - | Registered Agent, Register Florida street address of to Patrick Nelson Nelson 1255 Amherst Rd. | ered Office, & Registered Agent's Signature: he registered agent are: | |
| ARTICLE III - | Registered Agent, Register Florida street address of to Patrick Nelson Nelson 1255 Amherst Rd. | ered Office, & Registered Agent's Signature: he registered agent are: | |
| ARTICLE III - | Registered Agent, Register Florida street address of to Patrick Nelson No. 1255 Amherst Rd. Florida street address Panama City | ered Office, & Registered Agent's Signature: he registered agent are: ame (P.O. Box NOT acceptable) | |

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

DIVISION OF CORPORATION

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGR | Patrick Nelson 1255 Amherst Rd. Panama City, FL 32405 |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must be REQUIRED SIGNATURE: | added if an effective date is requested. |

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

Patrick Nelson

that the facts stated herein are true.)

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)