

L04000043809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

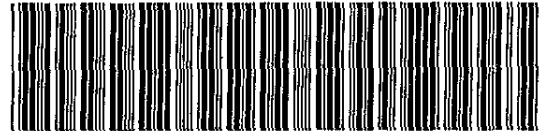
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

06/15/04

FILED
2004 JUN 10 AM 9:23
J. BRYAN & ASSOCIATES
TALLAHASSEE, FLORIDA

W04-21255
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Transmittal Letter

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2004 JUN 10 AM 9:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: FELDMAN CARPET & INSTALLATION, LLC
(Proposed Limited Liability Corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

☐ \$125.00
Filing Fee
& Designated
Registered Agent.

☐ \$130.00
Filing Fee/RA
& Certificate of Status

<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EDDIE FELDMAN
Name (Printed or Typed)

1898 KINGWAY DR N
Address

DELTONA, FL 32725
City, State & Zip

386-860-8144
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: FELDMAN CARPET & INSTALLATION, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1898 KINGWAY DR N DELTONA, FL 32725

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

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

EDDIE FELDMAN

Name

EFFECTIVE DATE

06/15/04

1898 KINGWAY DR N

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

DELTONA, FL 32725

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

ARTICLE IV – Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

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

TITLE

NAME & ADDRESS

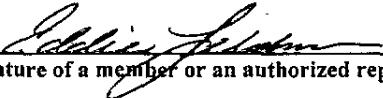
MGR

EDDIE FELDMAN

1898 KINGWAY DR N DELTONA, FL 32725

ARTICLE V – Effective Date

The Limited Liability Company requested effective date is June 15, 2004



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.)

EDDIE FELDMAN

Typed are printed name of signee

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA