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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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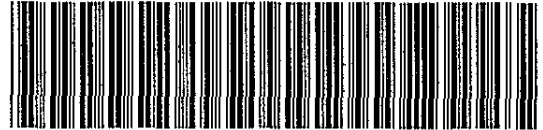
(Business Entity Name)

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**William Blickenstaff
2750 Mystic Lake Drive Apt. 200
Oviedo, FL 32765**

Phone: (860)-922-7964

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: William Blickenstaff Wood Flooring 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:

William Blickenstaff
(Name of Person)

William Blickenstaff Wood Flooring L.L.C.
(Firm/Company)

2750 Mystic Lake Drive Apt. 200
(Address)

Oviedo, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

William Blickenstaff at (860) 922-7964
(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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ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

William Blickenstaff Wood 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:

William Blickenstaff

Mailing Address:

William Blickenstaff

2750 Mystic Lake Drive Apt. 200

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Oviedo, FL 32765

Oviedo, FL 32765

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

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

William Blickenstaff

Name

2750 Mystic Lake Drive Apt. 200

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

Oviedo, FL 32765

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 Statute

William Blickenstaff

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: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

~~William~~ MGR

William Blickenstaff
2756 Mystic Lake Drive Apt. 200
Oviedo, FL 32765

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

William Blickenstaff

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.)

William Blickenstaff

Typed or printed name of signer

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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