L04000089392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

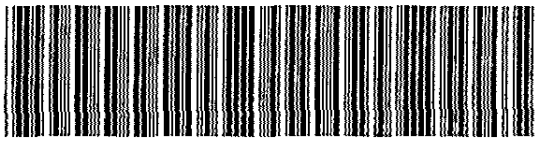
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Document Number	DCC
Updater	DCC
Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC



800042738528

EFFECTIVE DA
11/05

12/03/04--01007--010 **125.00

04 DEC -3 A 8:54

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOM PARTIN 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:

THOMAS PARTIN
(Name of Person)

TOM PARTIN FLOORING, LLC
(Firm/Company)

2825 HILLTOP ROAD LOT C
(Address)

ST. AUGUSTINE, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Partin at (904) 829-5130
(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

FILED
2013 DEC -3 A 8:54

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

TOM PARTIN FLOORING, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2825 Hilltop Road Lot C
St. Augustine, FL 32086

Mailing Address:

2825 Hilltop Road Lot C
St. Augustine, FL 32086

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Thomas Partin
Name

2825 Hilltop Road Lot C
Florida street address (P.O. Box NOT acceptable)

St. Augustine, FLORIDA 32086
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..

Thomas Partin
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	
MGR	Thomas Partin 2825 Hilltop Road Lot C St Augustine, FL 32086

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Thomas Partin
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.)

Thomas Partin
Typed or printed name of signee

FILED
2008 DEC -3 A 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent Dept of State
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

ARTICLE V-EFFECTIVE DATE

THIS LLC, TOM PARTIN FLOORING, LLC ELECTS TO HAVE THE EFFECTIVE DATE OF THIS BUSINESS TO BEGIN JANUARY 1, 2005.

DEC -3 A 9:54