

L05000020949

(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:

Name
Availability

Document

Examiner

DCC

Reviewer

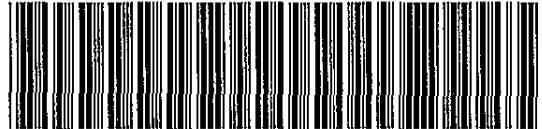
Office Use Only

Staff

DCC

W. P. Verifier

DCC



900047109029

03/02/05--01045--025 **125.00

RECEIVED

FILED

05 MAR -2 PM 1:07 05 MAR -2 PM 1:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORGOTTEN COAST FLOORCOVERING, 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:

TIMOTHY D. SMITH
(Name of Person)

(Firm/Company)

POST OFFICE BOX 1414
(Address)

LANARK BEACH, FLORIDA 32323
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY D. SMITH - at (850) 933-2227
(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

SECRETARY OF
TALLAHASSEE/FLORIDA

05 MAR - 2 PM 1:15

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORGOTTEN COAST FLOORCOVERING, LLC

ARTICLE II - Address:

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

Principal Office Address:

2211 KENTUCKY AVENUE

LANARK BEACH, FLORIDA 32323

Mailing Address:

POST OFFICE BOX 1414

LANARK BEACH, FLORIDA 32323

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

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

TIMOTHY D. SMITH

Name

2211 KENTUCKY AVENUE

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

LANARK BEACH, FLORIDA 32323

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

FILED
MAY 2 PM 1:15
TALLAHASSEE, FLORIDA

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"

KEITH MORROW

POST OFFICE BOX 1414

LANARK BEACH, FLORIDA 32323

"MGRM"

WALTER A. HILL

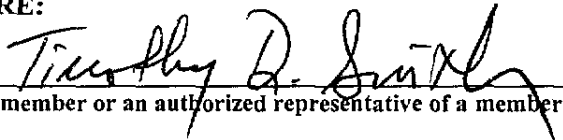
POST OFFICE BOX 1414

LANARK BEACH, FLORIDA 32323

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

TIMOTHY D. SMITH

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)

05 MAR -2 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED