

L05 0000 23139

(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:

789, 2848, 671

Office Use Only

0005-10456

3/8/05
CUST



400046478934

02/28/05--01045--017 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAR -8 PM 3:07

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 1, 2005

LONIS MILO
8220 N FL AVE APT 349
TAMPA, FL 33604

SUBJECT: FLORIDA'S TOP QUALITY INTERIORS
Ref. Number: W05000010456

2005 MAR -8 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for FLORIDA'S TOP QUALITY INTERIORS and your check(s) totaling \$130.00. 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 305A00014171

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Florida's Top Quality Interiors
(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:

Louis Milo
(Name of Person)

Florida's Top Quality Interiors
(Firm/Company)

8220 N. Fl Ave Apt 34
(Address)

Tampa FL 33604
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAR -8 PM 3:07

FILED

For further information concerning this matter, please call:

Louis Milo at 813 931-9860
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida's Top Quality Interiors, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8220 N FL AVE
Apt 349
Tampa, FL 33604

Same

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

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

Louis Milo
Name

8220 N FL AVE Apt 349
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33604
City, State, and Zip

2005 MAR 8 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Louis Milo
Registered Agent's Signature

(CONTINUED)

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

McElm

Name and Address:

Louis M. Lo 4349
8220 N. ED Ave
Tampa FL 33604

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAR -8 PM 3:07

FILED

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Louis M. Lo

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.)

LOUIS M. LO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)