

L05000050885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

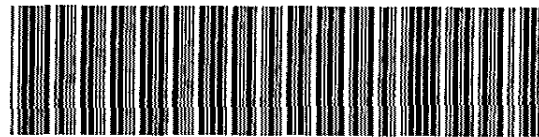
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/16/05--01023--030 \*\*130.00

FILED  
05 MAY 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L05/23/05

EFFECTIVE DATE  
5/2/05

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: F & L Flooring, LLC

(Proposed company name - must include suffix)

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

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

Frankie Tapia  
3936 S. Semoran Blvd. #325  
Orlando, FL 32822

For Further information concerning this matter, please call: Frankie Tapia at (321) 438-7988.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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05 MAY 16 PM 1:33  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**F & L FLOORING, LLC**

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of the Limited Liability Company is: F & L Flooring, LLC

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is 3936 S. Semoran Blvd. #325, Orlando, Florida 32822.

**ARTICLE III - REGISTERED AGENT**

The registered agent of this company shall be:

NAME

ADDRESS

Frankie Tapia

3936 S. Semoran Blvd. #325  
Orlando, FL 32822

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.



Frankie Tapia

EFFECTIVE DATE

5/12/05

FILED  
MAY 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

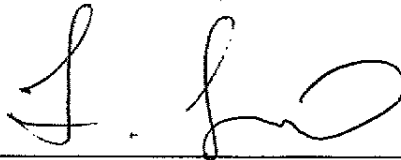
**ARTICLE IV - MANAGEMENT**

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Frankie Tapia 3936 S. Semoran Blvd. #325 Orlando, FL 32822

**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be May 12, 2005.



\_\_\_\_\_  
Signature of a member or an authorized  
representative of a member.

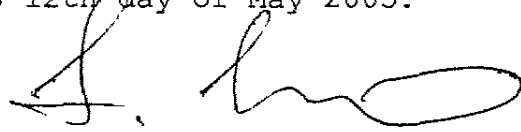
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Frankie Tapia  
\_\_\_\_\_  
Printed name of signee

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)

**FILED**  
05 MAY 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 12th day of May 2005.

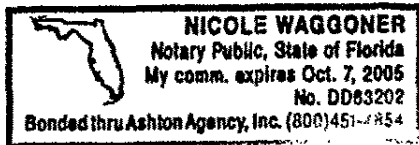


Frankie Tapia

STATE OF FLORIDA     )  
                                  )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 12th day of May 2005, by Frankie Tapia, who is personally known to me or who has produced driver's license as identification and who did take an oath.

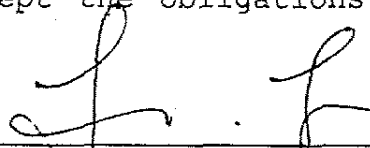
FL OL #T100-240-75-458-0



Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.



Frankie Tapia

DATE: May 12, 2005

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05 MAY 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA