Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name Account Number : I19990000223

: ACCOUNTING & BEYOND

Phone

: (813)998-9800

Fax Number

: (813)935-9982

LIMITED LIABILITY COMPANY

TL FLOORING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
TL FLOORING, LLC		
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
P.O. BOX 8499	P.O. BOX 8499	
TAMPA, FL 33674	TAMPA, FL 33674	
TAMPA, FL 33674 ARTICLE III - Registered Agent, Registered address	TAMPA, FL 33674 gistered Office, & Registered Agent's Signature:	
TAMPA, FL 33674 ARTICLE III - Registered Agent,	gistered Office, & Registered Agent's Signature: of the registered agent are:	
TAMPA, FL 33674 ARTICLE III - Registered Agent, Registered address	gistered Office, & Registered Agent's Signature: of the registered agent are:	
TAMPA, FL 33674 ARTICLE III - Registered Agent, Registered address LUCY YIP 1505 W. KNOLLWOO	gistered Office, & Registered Agent's Signature: of the registered agent are:	
TAMPA, FL 33674 ARTICLE III - Registered Agent, Registered address LUCY YIP 1505 W. KNOLLWOO	gistered Office, & Registered Agent's Signature: of the registered agent are: Name	

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..

(CONTINUED)

Page 1 of 2

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 M	I ama bass	
. WOKM . – Misusiania M	.emter	
MGR		LUCY YIP
		1505 W. KNOLLWOOD ST.
	;	TAMPA, FL 33804
,	•	
•		
•		
(Use attachment if necess	ary)	·
(Ose ataleminent in necess	m. y y	
NOTE: An additional a	rticle must	be added if an effective date is requested.
REQUIRED SIGNATU	RE:	
	1	. t.
	L	140
Signatu	te Af a memb	r or an authorized representative of a member.
-		_
of this de	ocument const	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
LUCY	YIP .	
		yped or printed name of signee
		i v
Filing Fees:		÷.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)