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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) T 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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COVER LETTER

TO: Registration Sec Division of Con				
SUBJECT: Trav	is w bex	Flouring		
	(Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ravis W. 69	y Paris		
			**	
Tr	avis u. bay	Flooring	LL A	05 0CT 17 PM 1: 19
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672	1 Old Barn	Rd.	SEE C	7 P
			77,	=
7911	Fla	323010	080	9 :
		State and Zip Code)		
For further information c	oncerning this matter, please c	all:		
Travis W.	(oc)	at ($\frac{950}{\text{(Area Code & Daytime Tele}}$	446	
(Name	of Person)	(Area Code & Daytime Tele	ephone Number)	
Enclosed is a check for	r the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
Travis W. Gay Flooring LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6721 614 Barn Rd
72210 Du
25
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Travis W (OGY)
Name
6721 old Barn Rd.
Florida street address (P.O. Box NOT acceptable)
[all Flg. FL 32310
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

Registered Agent & Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

		Name and Address	
<u>Title:</u> "MGR" = Manag	ger	Name and Address:	
"MGRM" = Man			
MGRM	1_	179015 W. 691 6721 old Barn Rd. 1911 Fig 32310	
		No.	7 ************************************
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(Use attachment i	if necessary)		
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ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)