

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000136261 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

<u>×</u>0 From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694

(305) 633-9696

billiards, carpets & more, llc

Certificate of Status	. 0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

HOWOOD 136261

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name	of the .	Limited	Liability	Company	is.
----------	----------	---------	-----------	---------	-----

BILLIARDS, CARPETS & HORE, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or
"LC,")

ARTICLE II - Address:

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

Principal Office Address:

4878 NW 167 ST MIAMI, FL 33014 Mailing Address:

4878 NW 167 St. MIRMI, FL 33014

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 enother

business entity with an active Florida registration.)

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

LEUGAR K. FLORES

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

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 fastitifu as registered agent as provided for in thappin 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

HO6000130961

H00000136261

ARTICLE IV-Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

' 3,	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR	EDGAR R. FLORES 4878 NO. 167 ST. HIMMI, FL 33014
		一
		E STATE
(OPTIC	CLE V: Effective date, if other than the date DNAL) effective date is listed, the date must be a days prior to or 90 days after the date	specific and cannot be more than five
	Signature of a member or an autho	rized representative of a member.
	(In accordance with section 608.408 of this document constitutes an affirm that the facts stated	iation under the penalties of perjury
·	Typed or printed Filing Fees:	TLORES name of signee
	The second secon	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Hacaso136961