206000070259

| (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: |
| |
| · |
| 7.14 |
| Office Use Only |
| Office Use Only |



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06 JUL 14 AM 11:00

COVER LETTER

| TO: Registration Solution of Co | | | |
|---------------------------------|---|---|--|
| SUBJECT: Ful | meR'S Floo (Name of Limit | cing thome ed Liability Company) | Repair |
| The enclosed Articles of | f Organization and fee(s) are s | submitted for filing. | |
| Please return all corresp | oondence concerning this matt | er to the following: | |
| Rodn | ey L. Fuln | Name of Person) | · |
| Fulm | was Flooring | (Firm/Company) | Repair |
| 251 | E coleman | (Address) | |
| _madis | | 9340 y/State and Zip Code) | 2000 TALI |
| For further information | concerning this matter, please | call: | JUL 14 |
| (Name | of Person) | _ at () (Area Code & Daytime 1 | Celephone Number) |
| Enclosed is a check for | or the following amount: | | DANS IDANS |
| 5 \$125.00 Filing Fee | ρ \$130.00 Filing Fee & Certificate of Status | ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente | ons |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | ICL | ÆΙ | - Na | me: |
|-----|-----|----|------|-----|
|-----|-----|----|------|-----|

The name of the Limited Liability Company is:

Fulmer's Flooring and home Repair, LLC (Must end with the words "Limited Liability Company) "Limited Company" or their abbreviation "LLC," or "LC,")

ARTICLE II - Address:

Dringing | Office Address

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

| Timeipar Office Address: | Mannig Address: |
|---------------------------------------|-------------------|
| 251 E coleman otr modison FL 32340 | 251 E coleman Str |
| - F 3 & 3 TO | medison FL 38340 |

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:

Rodney L Falmer

Name

251 E Coleman Str

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

MACSON 1FL 32340

City, State, and Zip

Mailing Address.

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.

Registered Regent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| OW MGRM | Rodney L Fulmer 251 EU CORMAN 347 Madison FL 32340 |
| | |
| | |
| (Use attachment if necessary) | Z006 JUL TALLAH |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be prior to or 90 days after the date of filing.) | specific and cannot be more than five basiness days |
| REQUIRED SIGNATURE: Signature of a member or a | an authorized representative of a member. |
| of this document constitutes that the facts stated herein | 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) L Fc/mcR r 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)