# W80000 68909

(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



400132941584

07/16/08--01031--026 \*\*160.00

M. THOMAS JUL 1 7 2008 **EXAMINER** 

# **COVER LETTER**

;

TO: Registration Section Division of Corporations	
SUBJECT: Lance Schaller Wood FLoors LLC. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lance Schaller SR. (Name of Person)	
(Name of Person)	
LANCE Schaller Wood Floors	
(Firm/Company)	
1364 GLENWOOD RD.	
(Address)	
Cocoa Florina 32927  (City/State and Zip Code)  (Address)  (City/State and Zip Code)	80
(City/State and Zip Code)	
For further information concerning this matter, please call:	16 P
LANCE SchallER at Poo 396-8145 PER (Name of Person) (Area Code & Daytime Telephone Number)	PM 12: 51
(Name of Person) (Area Code & Daytime Telephone Number)	ڼې
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{ \$130.00 Filing Fee & }\times \text{ \$5.00 Filing Fee & }\times \text{ \$160.00 Filing Fee, }\text{ \$160.00 Filing Fee} \text{ \$160.00 Filing Fee, }\text{ \$160.00 Filing Fee, } \$160.00 Fil	
(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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:			
	WOOD FLOORS LL	C	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.	.,")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability	Company	y is:
Principal Office Address:	Mailing Address:		
1364 GLEN WOOD RD	SAME		
COCOA FLORINA 32927		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		nother	
The name and the Florida street address of the r		SECHE SECHE	
LANCE Schall Name	IER SR.		
7364 GLEN WOO		PH 12: 56	
	SA KW.	2: 1 STAI	
		E 8	
COCOA	FL 32927		
City, State, a	and Zip		
77 * 1		_4 _41 1:	ta J

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 Agent's Signature (REQUIRED)

(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:

RM" = Managing Member    Color   Color   Color   Color	Use attachment if necessary)    Cocop Stonion   Cocop Stonion		Name and Address:
SAM STATIONAL  JANET SC hA / KAN  JANET SC hA / KAN	Use attachment if necessary)  Let V: Effective date, if other than the date of filing:		_
SAM SAME SC HA / KAN DO RA TO CO CON FLORIDA TO PM 12: 56  attachment if necessary)  The state of filing:  The state of th	Use attachment if necessary)  Let V: Effective date, if other than the date of filing:	GR.	LANCE SCHALLER SR.
attachment if necessary)  attachment if necessary)  attachment if necessary)  attachment if necessary)  c: Effective date, if other than the date of filing:	Use attachment if necessary)  EV: Effective date, if other than the date of filing:	5RM	JANET SCHALLER
attachment if necessary)  attachment if necessary)  Effective date, if other than the date of filing:	JEV: Effective date, if other than the date of filing: (OPTION ective date is listed, the date must be specific and cannot be more than five business details.		COCOR Floring
attachment if necessary)  attachment if necessary)  Effective date, if other than the date of filing:	JEV: Effective date, if other than the date of filing: (OPTION ective date is listed, the date must be specific and cannot be more than five business details.	<del></del>	
attachment if necessary)  Effective date, if other than the date of filing:	JEV: Effective date, if other than the date of filing: (OPTION ective date is listed, the date must be specific and cannot be more than five business details.		
Effective date, if other than the date of filing: (OPTIONAL)  we date is listed, the date must be specific and cannot be more than five business days prior	JEV: Effective date, if other than the date of filing: (OPTION ective date is listed, the date must be specific and cannot be more than five business details.		AAR/ O
: Effective date, if other than the date of filing: (OPTIONAL) we date is listed, the date must be specific and cannot be more than five business days prior	ective date is listed, the date must be specific and cannot be more than five business d	attachment if necessary)	音当 の
ve date is listed, the date must be specific and cannot be more than five business days prior	ective date is listed, the date must be specific and cannot be more than five business d	: Effective date, if other than the	The state of the s
		: Effective date, if other than the coverage date is listed, the date must be	date of filing: (OPTIONAL

### **REQUIRED SIGNATURE:**

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.)

Typed or 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)