110000052797

(Requestor's Name)
(Nequestor'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:

G. MCLEOD Office Use Only

MAY 17 2010

EXAMINER



600180455876

05/17/10--01020--011 **125.00

RECEIVED

NEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bridges Flooring 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:
Curtis E. Bridges Name of Person
Bridges Flooring LLC FirmCompany
Blud.
•
Quincy, FL 3235(City/State and Zip Code Cebridges @ Commast. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Curtis E Bridges at (850) 556-1076 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Bridges Flooring LLC (Myst end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(New and with the words "Limberd Liability Company, "L.L.C., or "LEC.)
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
585 Sparkleberry Blud 585 Sparkleberry Blud Duincy, FL 32351 Quincy, FL 32351
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 of another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Curtis E. Bridges
585 Sparkleberry Blvd 555 50
Florida street address (P.O. Box NOT acceptable)
Quincy FL 3235(
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 position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager nnaging Member	Name and Address:
MGRM	<u>\</u>	Curtis E. Bridges 585 Sparkleberry Blvd. Quincy, FL 32351
		·
(Use attachment	t if necessary)	· ·
CLE V: Effective effective date is li	e date, if other than the isted, the date must l date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
CLE V: Effective	e date, if other than the isted, the date must l date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
CLE V: Effective of fective date is list of days after the d	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e date of filing: (OPTION be specific and cannot be more than five business defect the specific and cannot be more than fiv

\$125.00 Filing Fee for Articles of Organization and Designation

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