## L11000035348

(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:
MAR 23 2010
EXAMINER 13826
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03/08/11--01013--014 \*\*5.00

PILED

WINNESS OF STATE



March 10, 2011

RICHARD RICHARDSON 3517 49TH STREET SARASOTA, FL 34235

SUBJECT: RICHARDSON TILE INSTALLATION, LLC

Ref. Number: W11000013826

We have received your document for RICHARDSON TILE INSTALLATION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

It appears from the name of your entity that you may be applying forworker's compensation exemption with the Florida Department of FinancialServices. If so, your document must contain the name, address, and title of each manager or managing member. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 711A00005959

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RICHARD TIRE INSTALLATION, CLC (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:
Richard Richardson
Richardson Tile Installation LC (Firm/Company)
(Firm/Company)  35() 4977  (Address)
Sarassa FL 3435 The P (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (94) 894-4697 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S125.00 Filing Fee S160.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed)
Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# (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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3517 49th 9t 50105HQ 77 34335	saml
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the serve and the	red Office, & Registered Agent's Signatures egistered Agent. You must designate an individual or another the registered agent are:
	ame and a second
Florida street	address (P.O. Box <u>NOT</u> acceptable)
City, Sta	te, and Zin

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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:
D : 1 1000

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thicipal Office Address.	Maning Additss.	
3517 49th St 20105049 77 34235	saml	
3517 49	ered Agent. You must designate an individual or another	
City. State, a	TE 34335	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mg/m	SOLOWAY ET 37932
	2011 MAR 21
	100 mg 10
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Richard Richards
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)