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(Rec	questor's Name)	
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05/26/11--01025--022 **130.00

Effective Date 05/23 | 11

11 MAY 26 AM 8: 13

SECRETARY OF STATE DIVISION OF CORPORATIONS

05H6E-110

T. HAMPTON

June 22 2011

EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: East River Floor Name of Limit	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
BrandonR	a St Name of Person	
	Firm/Company	
8430 Ry	NES CIPCIE Address	
Navarre	F1 33 56 6 ity/State and Zip Code	
E-mail address: (to be used	for future annual report notification)	_
For further information concerning this matter, pleas	se call:	
Brandon Rast Name of Person	at (901) 417 - 1188 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum{130.00 \text{ Filing Fee & Certificate of Status}}\$	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed))
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JUN 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 27, 2011

BRANDON RAST 8430 RYNES CIR NAVARRE, FL 32566

SUBJECT: EAST RIVER FLOORING LLC

Ref. Number: W11000029490

We have received your document for EAST RIVER FLOORING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 111A00013188

	To: Fl Dept of State
	Division of corporations
	I Brandon Rost DBA East River Elvaring LLC
	have no intention of reinstating there Eure releasing the name For use to another enity
174	Respond to letter# 111A00013188 Broaden Root
	Any questions please call 901/417/1188
N	

Miffentiver Date 05/23/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
East River Floorin (Must end with the words "Limited Liabil	G LLC ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
8430 Rynes Circle Navarre F1 32566	8430 Runes circle Navarre El 32566	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature ered Agent. You must designate an individual or another	e: er
The name and the Florida street address of the real Brandon Name		
8430 Rynes Florida street add	ress (P.O. Box NOT acceptable)	
Navarre City, Sta	FL 33566 Ite, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the appointm v. I further agree to comply with the provisi rformance of my duties, and I am familiar w	ient as ions of all vith and
Registered Agent's Signatu	Lure (REQUIRED)	M LL SECI SECI

(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:
_M&R	Brandon Rast 9430 Rynes circle Navarre El 32566
(Use attachment if necessary)	
	n the date of filing: 5/23/11 (OPTIONAL) ust be specific and cannot be more than five business days prior
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.)

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)