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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP VAIT MAIL
L
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
NOV 21 2011
EXAMINER

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Da	niel's Harda Name of Limited I	Dood Flooring	g & IMI Trim
The enclosed Articles of	of Organization and fee(s) are sub	mitted for filing.	
· Please return all corresp	pondence concerning this matter t	o the following:	
	Daniel G	me of Person	
Da	niel's Hardwa	od Flooring t	Int. Trim
18	895 N.W. CR.	Address	
Br	ristol Fla.	3232 (late and Zip Code	SECRET TO
	Daniel Boff 92 E-mail address: (to be used for f	J. G. Yahoz, Con uture annual report notification)	~ 35 Z
For further information	concerning this matter, please ca	11:	PM IZ:
Danie	of Person	t (<u>850</u>) <u>447-</u> Area Code & Daytime Telep	/258 35 39
Englosed is a check f	or the following amount:		
_	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Daniel's Hardwood Flooring + Int Trim "LLC." (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
18895 NWCR 12 6 18895 NWCR 12 6 18895 NWCR 12 Bristol Fla. 32321 Bristol Fla.
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: Daniel Boff Name
Name 18895 NW CR12 Florida street address (P.O. Box NOT acceptable)
Bristol FL 32321 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:
(MGRM !!	Daniel DA 18895 NW CRIZ Bristo (Flg. 3232)
	NOV 2
(Use attachment if necessary)	PH 12: 39
CLE V: Effective date, if other than the date fective date is listed, the date must be so days after the date of filing.)	tte of filing: (OPTIONA pecific and cannot be more than five business day

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.)

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)