L12000019964

(Requ	iestor's Name)	
. (Addr	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT.	MAIL
(Busin	ness Entity Nar	ne)
. (Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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02/09/12--01008--011 **5.00

01/23/12--01004--001 **150.00

FILED

2012 FEB -9 AM 9: 23

SECRETARY OF STATE
ALL ALASSEE FLORING

C. LEWIS
Feb. 10: 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2012

JASON YELLIN / FLOORING DESIGN CONCEPTS 11491 NW 21 COURT PLANTATION, FL 33323

SUBJECT: FLOORING DESIGN CONCEPTS, LLC

Ref. Number: W12000004509

We have received your document for FLOORING DESIGN CONCEPTS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 512A00001700

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Flooring	ng Design Conce	epts,LLC				
	Name of Limited Liability Company					
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.				
Please return all correspo	ondence concerning this mat	atter to the following:				
Jason Ye	llin					
		Name of Person				
Flooring D	esign Concepts	s, LLC				
		Firm/Company				
11491 NW 21 Court						
		Address				
Plantation,						
		ity/State and Zip Code				
jbtyellin@co		for future annual report notification)				
For further information c	oncerning this matter, please	•				
Jason Yellin		at (954) 605-1341				
Name o	f Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &			
	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:

Flooring Design Concepts, 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:		
11491 NW 21 Court	11491 NW 21 Court		
Plantation, FL 33323	Plantation, FL 33323	-	
ARTICLE III - Registered Agent, Register (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 Jason Yellin	registered Agent. You must designate an individual or a series registered agent are:	another 2	-
11491 NW 21 Court			
Florida street	address (P.O. Box NOT acceptable)	وي	السيا
Plantation	address (P.O. Box NOT acceptable)	23	
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)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows 2012 FEB -9 AM 9: 23

	<u>Title:</u> "MGR" = Manager	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	"MGRM" = Managing Memb	per	- Coldination of the Coldination
	MGRM	Jason Yellin 11491 NW 21 Court	
		Plantation, FL 33323	
			
			
	(Use attachment if necessary))	
ARTIC	LF V. Effective date if other	than the date of filing:	(OPTIONAL)
(If an e		must be specific and cannot be more tha	
	REQUIRED SIGNATURE		
	(s/a)	w MM	
	Signature of	a member or an authorized representative of a	member.
	constitutes an affirma I am aware that any fi	ection 608.408(3), Florida Statutes, the execution of tion under the penalties of perjury that the facts stated also information submitted in a document to the De- tree felony as provided for in s.817.155, F.S.)	ted herein are true.
	Jason Y		
		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)