

L120VVUU57311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

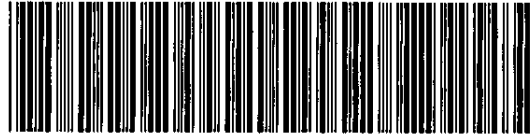
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

APR 28 2012

EXAMINER



300231460843

04/30/12--01001--001 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 27 PM 3:20

RECEIVED
12 APR 27 PM 3:10
OFFICE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RELEASE OF NAME

I do not intend to reinstate FLOOR COVERING PROFESSIONALS, LLC --
Florida Document Number L05000033078, and I hereby release the
name for use by my new company.



Jack E. Estes

FILED
STATE CLERK OF SUPERIOR
DIVISION OF CONSUMER AFFAIRS
12 APR 27 PM 3:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Floor Covering Professionals LLC
Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
12 APR 27 PM 3:20

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACK ESTES
Name of Person
Floor Covering Professionals
Firm/Company
7465 Bowling Green Dr.
Address
TALL FL 32309
City/State and Zip Code
Seaside 712 B Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of 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 & 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Floor Covering Professionals LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED
SECRETARY OF STATE
12 APR 27 PM 3:20
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7465 Bowling Green Dr.
TALL FL
32309

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:

JACK ESSES
Name
7465 Bowling Green Dr.
Florida street address (P.O. Box NOT acceptable)
TALL FL 32309
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

JACK ESTES

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-27-12 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

JACK ESTES

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)