

FILED

14 NOV 25 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name
ELSON FLOORING LLC

3. Mailing Office Address
7117 SW Archer Road

Suite, Apt. #, etc.
Lot 2420

City & State
Gainesville, FL

Zip
32608

Country

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida
07/31/2012

6. FEI Number

Applied For	
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X	Not Applicable
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7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name _____
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number Is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State

Zip Code

FL

32301

400266886694

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

~~Confidential~~

Courtney Williams

Date 11.25.14

REGISTERED AGENT MUST SIGN

ENT MUST SIGN
Asst. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Timothy P. Elson	7117 SW Archer Road, Lot 2420	Gainesville, FL 32608

REINSTATEMENT 2014

NOV 24 2014

L. SELLERS

11. E-mail Address: timpekso@icloud.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of _____

Authorized Representative/Manager

Yemoluk P. Elson

Date 11-12-14

Daytime Phone # 352-281-8833

Typed or printed name of signing Authorized Representative/Manager **TIMOTHY P. ELSON**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 350807 7898089

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 24, 2014

ORDER TIME : 12:23 PM

ORDER NO. : 350807-010

CUSTOMER NO: 7898089

DOMESTIC FILINGS

NAME: ELSON FLOORING LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____