

L12000132120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

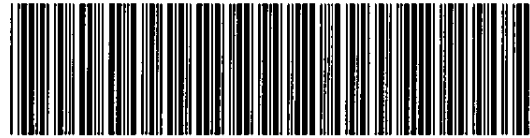
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12-51511

Office Use Only

EFFECTIVE DATE 10/01/12



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10/05/12--01003--020 \*\*160.00

12 OCT 16 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE

OCT 17 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2012

ALEJANDRO AMBRUGNA  
21113 JOHNSON ST  
MIAMI, FL 33029

SUBJECT: FLOORING SUPPLIERS GROUP LLC  
Ref. Number: W12000051511

We have received your document for FLOORING SUPPLIERS GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 5, 2012. Please amend your document accordingly.

Please return 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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 812A00024894

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLOORING SUPPLIERS GROUP LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO AMBRUGNA

Name of Person

FLOORING SUPPLIERS GROUP LLC.

Firm/Company

21113 JOHNSON ST #114

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

alejoambrugna@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO AMBRUGNA

Name of Person

at ( 786 ) 621-4835

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FLOORING SUPPLIERS GROUP 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:**

21113 JOHNSON ST #114, PEMBROKE PINES, FL 33029

**Mailing Address:**

5205 NW 72 AVE, MIAMI, FL 33166

**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:

**ALEJANDRO AMBRUGNA**

Name

**5205 NW 72 AVE**

Florida street address (P.O. Box **NOT** acceptable)

**MIAMI**

**FL 33166**

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)

EFFECTIVE DATE 10/01/12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**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

**Name and Address:**

MGR

ALEJANDRO AMBRUGNA / SHARE 50%  
5205 NW 72 AV  
MIAMI FL 33166

MGRM

CARLOS DAVID FAMEA / SHARE 25%  
3300 NE 191 ST  
AVENTURA, FL 33180

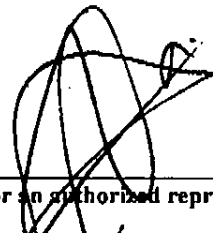
MGRM

HERNANDO ARDILA / SHARE 25%  
12442 SW 45 DR  
MIRAMAR, FL 33027

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/01/12. (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(2), 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.)

ALEJANDRO AMBRUGNA

\_\_\_\_\_  
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)

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AND  
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