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SECRETARY OF STATE
DIVISION OF CORPORATION

2017 FFR 22 AM In: L6

C. LEWIS
FEB 2 5 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Done-Right Hardwoon Floors L.L. d. 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:

Thomas H. Pearson
Name of Person
Done-Right Hardwood Floors, L.L.C.
Firm/Company
310 N·W· Sleepy dt.
, (Address
White Springs FL 32096 City/State and Zip Code
Tempearson 777 @ gmail.com. E-mail address: (to be used for future annual report notification)
/ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas H. Pearson at (386) 965-6377

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)

RECEIVED

13 FEB 18 M 7: 27

19 FEB 18 W 7: 27

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

The name of the Limited Liabili	ty Company is:	
Done-Right Hardwood Floors L.L.C.		
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street a	ddress of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
310 n.w. Sleepy Ct.	310 n.w. Sleepy Ct.	
White Springs, Fl. 32096	White Springs, Fl. 32096	
ARTICLE III - Registered Ag		gnature:
(The Limited Liability Company cannot se business entity with an active Florida regi	ent, Registered Office, & Registered Agent's Sirve as its own Registered Agent. You must designate an individual istration.)	l or another
(The Limited Liability Company cannot se business entity with an active Florida region.) The name and the Florida street	ent, Registered Office, & Registered Agent's Sirve as its own Registered Agent. You must designate an individual istration.) address of the registered agent are:	l or another
(The Limited Liability Company cannot se business entity with an active Florida regi	ent, Registered Office, & Registered Agent's Sirve as its own Registered Agent. You must designate an individual istration.) address of the registered agent are:	l or another
(The Limited Liability Company cannot se business entity with an active Florida region.) The name and the Florida street	ent, Registered Office, & Registered Agent's Sirve as its own Registered Agent. You must designate an individual istration.) address of the registered agent are: arson Name	SECRETARY OF COR DIVISION OF COR
(The Limited Liability Company cannot se business entity with an active Florida region The name and the Florida street Thomas H. Pea	ent, Registered Office, & Registered Agent's Sirve as its own Registered Agent. You must designate an individual istration.) address of the registered agent are: arson Name	SECRETARY OF COR DIVISION OF COR
(The Limited Liability Company cannot se business entity with an active Florida region The name and the Florida street Thomas H. Pea	ent, Registered Office, & Registered Agent's Sirve as its own Registered Agent. You must designate an individual istration.) address of the registered agent are: arson Name	or another SECRET

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)

Page 1 of 2

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

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

2013 FEB 22 AM 10: 46

Thomas H- Pearson 310 N·W· Sleepy at White Springs, PL 32096

ARTICLE V: Effective date, if other than the date of filing: 2-(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.)

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)