L14000028664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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W14-7873

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: All Seasons Carpet & Upholstery 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:

David William Hill
Name of Person

All Seasons Carpet & Upholstery LLC
Firm/Company

1515D S. Ridgewood Ave
Address

Edgewater, FL 32132
City/State and Zip Code

DJacobsen1970@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hill at (386) 481-3772
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

DAVID W HILL
1515D S RIDGEWOOD AVE
EDGEWATER, FL 32132

SUBJECT: ALL SEASON CARPET & UPHOLSTERY, LLC
Ref. Number: W14000007873

We have received your document for ALL SEASON CARPET & UPHOLSTERY, 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 605.0207, 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 February 3, 2014. 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.

Tim Burch
Regulatory Specialist II

Letter Number: 114A00002727

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

All Seasons Carpet & Upholstery, 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:**
1515 D S. Ridgewood Ave Edgewater, FL 32132	1515D S. Ridgewood Ave Edgewater, FL 32132

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:

David William Hill
Name

3425 Willow Oak Drive
Florida street address (P.O. Box **NOT** acceptable)

Edgewatee FL 32141
City Zip

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14 FEB -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	David William Hall 3425 Willow Oak Drive Edgewater, FL 32141
AMBR	michelle Dawson 262 S Wymore Rd # 104 Altamonte Springs, FL 32714

(Use attachment if necessary)

feb 1 2014

ARTICLE V: Effective date, if other than the date of filing: ~~Jan 1 2014~~ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member
(In accordance with section 605.0203 (1) (b), 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.)

David William Hall
Typed or printed name of signee

FILED
14 FEB -3 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)