

L14 000056406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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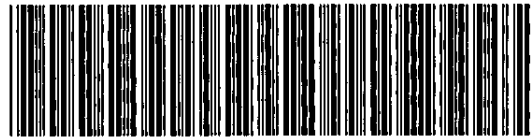
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/14--01011--013 **155.00

APR 07 2014

FILED
14 APR -4 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NGE Management Services

PO Box 40

Rossville, Georgia 30741

(423) 697-7665

March 28, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: National Flooring Supplies of Florida, LLC
PANAMA CITY

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Bill R. Noble, CFO
NGE Management Services
PO Box 40
Rossville, GA 30741
bnoble@NGEonline.com

For further information concerning this matter, please call:

Bill R. Noble, CFO at (706) 277-1986

Enclosed is a check for the amount of \$155.00 for Filing Fee and Certified Copy.

For the Company,

Bill R. Noble
General Manager and CFO

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL FLOORING SUPPLIES OF PANAMA CITY, 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:

237 COMMERCIAL DRIVE

PANAMA CITY, FLORIDA 32405

Mailing Address:

PO Box 40

ROSSVILLE, GA 30741

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:

WENDELL BARNES

Name

237 COMMERCIAL DRIVE

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

PANAMA CITY

City

FL

32405

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 605, F.S..

Wendell A. Barnes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

Name and Address:

WENDELL BARNES

PO BOX 40

ROSSVILLE, GA 30741

ALLAN BARNES

PO BOX 40

ROSSVILLE, GA 30741

BILL NOBLE

PO BOX 40

ROSSVILLE, GA 30741

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Bill Noble CFO
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.)

BILL NOBLE CFO

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA