

L140000 58534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

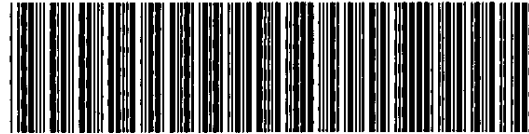
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/14--01022--020 **125.00

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2014 APR - 7 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2013

T. HAMPTON

18606-1111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pro Carpet and Tile Cleaning
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:

Dave E Schoenfeldt
Name of Person

Pro Carpet and Tile Cleaning
Firm/Company

3204 SE 35th Street
Address

Ocala Fla 34471
City/State and Zip Code

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

For further information concerning this matter, please call:

Tammy J Schoenfeldt at (352) 362-9090
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

March 31, 2014

DAVE E SCHERNFELDT
3204 SW 35THS T
OCALA, FL 34471

SUBJECT: PRO CARPET AND TILE CLEANING, LLC
Ref. Number: W14000020281

We have received your document for PRO CARPET AND TILE CLEANING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

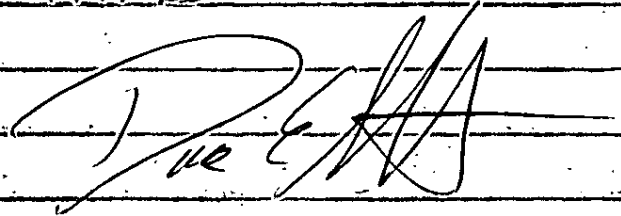
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 614A00006807

4/7/14

I DAVE SCHOENFELDT OWNER OF
PRO CARPET AND TILE HAVE NO INTENTION
OF REVOKING THE DISSOLUTION OF PRO CARPET
AND TILE CLEANING AS A CORPORATION.
SO I CAN REFILE PRO CARPET AND TILE
CLEANING AS A LLC. THANKS



SINCERELY

DAVE E. SCHOENFELDT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pro Carpet and Tile Cleaning, 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:

3204 SE 35th Street

Ocala FL 34471

3204 SE 35th Street

Ocala FL 34471

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:

Tammy Schoenfeldt

Name

3204 SE 35th St

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

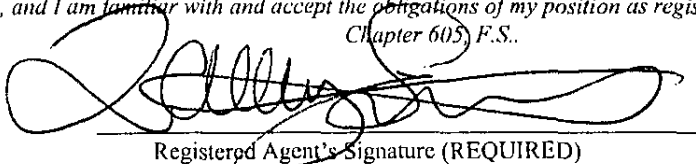
Ocala

City

FL 34471-6923

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

Name and Address:

Dave E Schoenfeldt

3204 SE 35th Street

Ocala FL 34471

Tammy Schoenfeldt

3204 S.E. 35th ST.

Ocala, FL 34471

David Schoenfeldt

3204 S.E. 35th ST.

Ocala, FL 34471

(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:



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.)

Dave E Schoenfeldt

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE