#14000/106/7

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
,0	,, = (= , = , = , = , = , = , = , = , =	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



400261464784

07/15/14--01001--001 **125.00



14 JUL 14 PH 2:17



RECEIVED

14 JUL 14 PH 2:05

MEDING COMMENTS

K. SALY EXAMINER IJUL 1 4 2014

COVER LETTER

TO: Registration : Division of C			
	•	ng and Tile	<u> 11 c</u>
The enclosed Articles of	of Organization and fee(s) ar	e submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
.toc	e Luis amad	lor	
_ ```	C AUG COTTUD	Name of Person	
		Firm/Company	
1516	Moselle Bl	Vd.	
Toll	anassee Fla	, 1241 050	
<u></u>	C	ity/State and Zip Code	
<u>J. 9ma</u>	dor 676 Y900. E-mail address: (to be used	arida 32303 ity/State and Zip Code Com d for future annual report notifica	tion)
	concerning this matter, plea		
José Luis a	mudorat(850 559-42	7-51
Nam	e of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee		☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mail	ing Address	Street/Courier Add	ress

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Amador Flooring and Tile (Must end with the words "Limited Liability Company	C, "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 Addre	ss:
15/6 Moselle Bud. Tallahassee Fl. 32303	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Yanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Jose Luis Amador	
Name	1
Florida street address (P.O. Box NOT acceptable)	<u>10.</u>
<u> </u>	3/2
<u>19119 hQssee</u> FL 32 City Zip	<u>.505</u>
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all statutes relating of my duties, and I am familiar with and accept the obligations of my positions. Chapter 605, F.S	s registered agent and agree to act in this age to the proper and complete performance

(CONTINUED)

Page 1 of 2

<u>Fitte:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	Jose Luis Amador 1516, Moselle Blvd. Tallanosee Florida 32303
•	te of filing:(OPTIONAL)
	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the da	
V: Effective date, if other than the dative date is listed, the date must be so filing.) VI: Other provisions, if any.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)