

L14000176379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

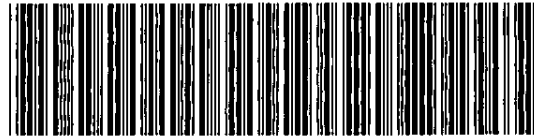
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500265724175

11/14/14--01002--006 \*\*130.00

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CORPORATIONS  
2014 NOV 14 AM 10:43  
TO ADOPTED  
SUFFICIENCY OF FILING

FILED  
14 NOV 14 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 14 2014  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Phillip Donald Flooring 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:

Phillip Donald  
Name of Person

Firm/Company

404 Peregrine Ct.  
Address

Mary Esther FL 32569  
City/State and Zip Code

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

For further information concerning this matter, please call:

Phillip Donald at ( 850 ) 621-4341  
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

FILED  
14 NOV 14 PM 11:03  
TALLAHASSEE, FL  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Phillip Donald Flooring 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:

404 Peregrine Ct  
Mary Esther FL 32569

Mailing Address:

404 Peregrine Ct.  
Mary Esther FL 32569

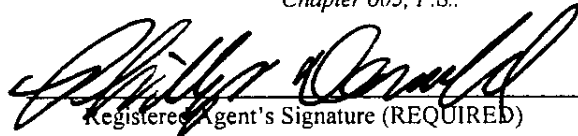
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Phillip Donald  
Name  
404 Peregrine Ct.  
Florida street address (P.O. Box NOT acceptable)  
Mary Esther FL 32569  
City 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)

FILED  
14 NOV 14 AM 11:02  
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

AMBR

**Name and Address:**

James Hinton  
10 Nicholson St. NE  
RWB FL. 32548

Phillip Donald  
404 Peregrine Ct.  
Mary Esther FL. 32569

(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:**

Phillip Donald  
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.)

Phillip Donald  
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)

FILED  
14 NOV 14 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA