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(Re	equestor's Name)	····
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PICK-UP	MAIT WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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SECRETARY OF STATE MALLAHASSEE, FLORIBA

Tapolic Backers

JAN 1 2 2015

T. BROWN

COVER LETTER "

TO: Registration Section Division of Corporations
SUBJECT: Dan Plumer 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:
Daniel Plumer Name of Person
Name of Person
Dan Plumer Flooning LLC.
112 5th Ave. S. # 201 Address
Address
Jacksonville Boh- Fl- 32250
City/State and Zip Code danplume tile a hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Plume at 904 476 - 9214 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

17

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

December 9, 2014

DANIEL PLUMER 112 5TH AVE \$ #201 JACKSONVILLE BEACH, FL 32250

SUBJECT: DAN PLUMER FLOORING LLC

Ref. Number: W14000073250

-* 3**

We have received your document for DAN PLUMER FLOORING LLC and your check(s) totaling \$130.00. 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 November 24, 2014. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Teresa Brown

Regulatory Specialist II Letter Number: 914A00025920

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY,

ARTICLE I - Name: The name of the Limited Liability Company is:	5 - 7
Dan Plumer Flooring LLC (Must end with the words "Limited Clability Company, "L.L.C.," or	一義了三
(Must end with the words "Limited Elability Company, "L.L.C.," or	"LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Com	To 12
Principal Office Address: Mailing Address:	7
112 5th Ave S. #201 = Same as Sack sonville Beh. Fl. 32250	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	: gnate an individual or
The name and the Florida street address of the registered agent are:	
Daniel Plumer Name 112 5th Avc. S. #201	
Name	
112 5th Ave. S. #201	
Florida street address (P.O. Box NOT acceptable)	
Jacksgrville Boh FL 32250 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above states the place designated in this certificate. I hereby accept the appointment as registered age capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registered Chapter 605, F.S	ent and agree to act in this r and complete performance
(seine diemer	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u> Citle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Daviel Flumer 112 5th Ave. S. # 201 Juksonville Boh. FJ. 372
,	
Use attachment if necessary) V: Effective date, if other than the date of	Date of filing. Optional)
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.)	
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) VI: Other provisions, if any.	of filing: (OPTIONAL)
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) VI: Other provisions, if any.	of filing: (OPTIONAL)
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. That in a document to the Department of State
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a mere (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. That ion submitted in a document to the Department of State of as provided for in s.817.155, F.S.)
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Page 2 of 2