

L1900034606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

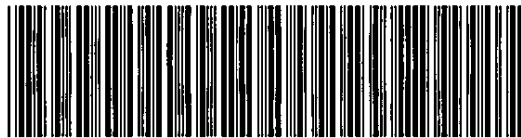
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-10109-

Office Use Only



800269033128

02/03/15--01030--006 **160.00

FILED

2015 FEB 24 A 11:07

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

B. BOSTICK

FEB 25 2015

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mike Thomas 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:

Mike Thomas
Name of Person

Mike Thomas Flooring LLC
Firm/Company

40118 Pretty Redbird rd.
Address

Zephyrhills, FL 33540
City/State and Zip Code

sfreeze4u@gmail.com
E-mail address: (to be used for future annual report notification)

2015 FEB 24 A 11:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Mike Thomas at (352) 437-4451
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mike Thomas 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:

40018 Pretty Redbird Rd
Zephyrhills, FL
33540

Mailing Address:

40018 Pretty Redbird rd.
Zephyrhills, FL
33540

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:

Mike Thomas
Name

40118 Pretty Red Bird Rd.
Florida street address (P.O. Box NOT acceptable)

Zephyrhills FL 33540
City, State, and Zip

FILED
2015 FEB 24 A 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S.

Michael A Thomas
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Mike Thomas
40118 Pretty Red Birch Rd
Zephyrhills FL 33540

2015 FEB 24 A 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

(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.)

REQUIRED SIGNATURE:

Michael A. Thomas
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Michael Thomas
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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2015

MIKE THOMAS
40118 PRETTY REDBIRD ROAD
ZEPHYRHILLS, FL 33540

SUBJECT: MIKE THOMAS FLOORING LLC
Ref. Number: W15000010109

2015 FEB 24 A 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for MIKE THOMAS FLOORING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 515A00002868