L15000070332

(Requestor's Name)
(Address)
((1041055)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codified Conice
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, <u>,</u>

Office Use Only



300270853533

04/02/15--01026--001 **125.00

2015 APR -2 AM II: 55

1/2301

TO: Registration Section **Division of Corporations** SUBJECT: Interior Flooring by JC, 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: James D Clark Name of Person Interior Flooring by JC, LLC Firm/Company 366 SW Montana Street Address Fort White, Fl 32038 City/State and Zip Code bigdupps4@yahoo.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Clark at (_941 _) <u>447-2775</u> Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Interior Flooring by JC, 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:** 366 SW Montana Street 366 SW Montana Street Fort White, FI 32038 Fort White, FI 32038 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: James D Clark Name 366 SW Montana Street Florida street address (P.O. Box NOT acceptable)

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)

Fort White, FI 32038

City

(CONTINUED)

Page 1 of 2

<u> Fitle:</u> Authorized Member	Name and Address:
"MGR" = Manager	
MBR	366 SW Montana Street
	Fort White, FI 34038
James D Clark '	
•	
	4
•	
EV: Effective date, if other than the	date of filing: (OPTIONAL)
V: Effective date, if other than the ctive date is listed, the date must be	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ctive date is listed, the date must be filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the ctive date is listed, the date must be filling.) CVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must be filling.) EVI: Other provisions, if any.	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	e specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than five business days prior to or so that the specific and cannot be more than the specific and cannot be more than the specific and cannot be specificated and cannot be specific a
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with section	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the ctive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with section constitutes an affirmation I am aware that any false in the constitute in the constitutes and its constitutes are affirmation.	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with section constitutes an affirmation I am aware that any false in the ective constitutes and its constitutes are constituted and its constitutes and it	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with section constitutes an affirmation I am aware that any false in the ective constitutes any false in the ectivation of the ection of the ectivation of the ect	make specific and cannot be more than five business days prior to or some specific and cannot be more than five business days prior to or some specific and cannot be more than the specific and statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)