L15000/8/635

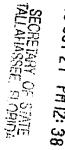
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	me)
(De	ocument Number)	
(50	cament number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

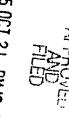
Office Use Only



400278289184

10/21/15--01013--002 **125.00





,

144

COVER LETTER

4

Division of Corporations
SUBJECT: La Familia 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:
Giacomo L. Porlino Name of Person
La Familia Flooring IIC Firm/Company
Firm/Company
5325 Archatone Dr. Building 8 Apt 307
Address
Tampa FL. 33634
Tampa FL. 33634 La familia flooring (d'Gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Giaconio Poarino, 813, 943.2224
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	15 UCT 21 PM 12: 38
· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE FALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	's:
Principal Office Address: 5325 ALCHOTONE DG. Brilding & ANT 307 Toward FL 33634	Address: Yice Address
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individual or
The name and the Florida street address of the registered agent are: JETUZ Sal WDO Name Sal WDO Name Sal WDO Name Sal WDO Name Nam	- ing & Apt. 307
Florida street address (P.O. Box NOT acceptable)	
Tampa FL 3363C	•
City State Zip	-
Having been named as registered agent and to accept service of process for the above stated limited place designated in this certificate. I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relating to the proper and complete perfor am familiar with and accept the obligations of my position as registered agent as provided for in Chamber Registered Agent's Signature (REQUIRED)	act in this capacity. I mance of my duties, and I
(CONTINUED)	

Page 1 of 2



as

	SECONT.
Citle:	Name and Address: SECRETARY OF ST
AMBR" = Authorized Member MGR" = Manager	YECUT. SOLGEDO
	5325 ARCHSTONE DR. BUILDING
MGR	Apt. 307. Tampa FL. 33634
riche.	Giacomo Porzino
<u> </u>	5325 ARCHSTONE DO BUILDI
MGIC OwnER	Apt. 301 Tompa 76 33634
Jse attachment if necessary)	
tive date is listed, the date must be s	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
tive date is listed, the date must be s filing.) he date inserted in this block does no	specific and cannot be more than five business days prior to or 96 t meet the applicable statutory filing requirements, this date will no
tive date is listed, the date must be s filing.) he date inserted in this block does no ent's effective date on the Departmen	specific and cannot be more than five business days prior to or 96 t meet the applicable statutory filing requirements, this date will no
tive date is listed, the date must be s filing.) he date inserted in this block does no ent's effective date on the Departmen	specific and cannot be more than five business days prior to or 96 t meet the applicable statutory filing requirements, this date will no
tive date is listed, the date must be sfiling.) the date inserted in this block does no ent's effective date on the Department VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 96 t meet the applicable statutory filing requirements, this date will no
tive date is listed, the date must be stilling.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. EOUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will no not of State's records.
tive date is listed, the date must be stilling.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a part of the document is executive.	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes.
tive date is listed, the date must be stilling.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a part of the document is executive.	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes.
tive date is listed, the date must be stilling.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a part of the document is executive.	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes.
tive date is listed, the date must be stilling.) the date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a particular of a particul	t meet the applicable statutory filing requirements, this date will no not of State's records.
tive date is listed, the date must be sfiling.) the date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a 1 This document is exect I am aware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this date will no not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes.