

L15000212007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

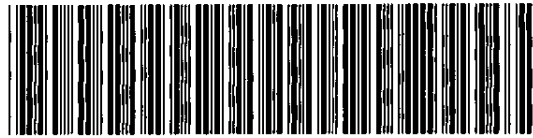
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DEC 28 PM 4:25

APPROVED
AND
FILED

12/29/15--01006--001 **125.00

EFFECTIVE DATE

1-1-16

RECEIVED
DEPARTMENT OF STATE
DEC 28 PM 4:15

DEC 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mike Allbritton's Flooring
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~~ Mike Allbritton
Name of Person

Firm/Company
1179 Ox Bottom Rd
Address

Tallahassee Florida 32312
City/State and Zip Code
Mikeall34@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Allbritton at (850) 566 7687
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I Mike Allbritton, have no
intentions of reinstating
Mike Allbritton's Flooring LLC
DOC # LI40013587 and

I ~~do not~~ release the name

Will ~~Att~~

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE

1-1-16

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mike Allbritton's 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:

Mailing Address:

1179 Ox Bottom Rd 1179 Ox Bottom Rd
Tallahassee FL 32312 Tallahassee FL 32312

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 Allbritton
Name
1179 Ox Bottom
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32312
City State Zip

APPROVED
AND
FILED
15 DEC 28 PM 4:23
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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Mike Allbritton
1179 Ox Bottom Rd
Tallahassee FL 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/16 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any. -

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Mike Allbritton

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)