# 2/600/91577

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only



700291153117

10/17/16--01046--009 \*\*125.00

16 OCT 17 PN 6: 12

M. MOON OCT 17 2016

#### **COVER LETTER**

SUBJECT: MYERSTOUCH FLOOR Solutions (LC.)  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:  Name of Person
The enclosed Articles of Organization and fee(s) are submitted for filing.
Bill Antar CPA Name of Person
Bill Antar CPA Name of Person
Name of Person
Cape Coral Tax & Accounting Services, LLC.
3306 Del Prado Blvd. South
Cape Coral, FL 33904
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 & Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Cliffon Building Tallahassee, FL 32314 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:

MYERSTOUCH FLOOR SOLUTIONS, LLC. 1101 NE 36<sup>TH</sup> ST CAPE CORAL, FL 33909

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

MYERSTOUCH FLOOR SOLUTIONS, LLC. 1101 NE 36<sup>TH</sup> ST CAPE CORAL, FL 33909

Principal Office Address: Mailing Address:

1101 NE 36<sup>TH</sup> ST CAPE CORAL, FL 33909

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA CAPE CORAL TAX & ACCOUNTING SERVICES, LLC 3306 DEL PRADO BLVD. S. CAPE CORAL, FL 33904

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 provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2.

SECRE THEY BE STATE

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

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

MICHAEL A. VALDES (Managing Member) 1101 NE 36<sup>TH</sup> ST CAPE CORAL, FL 33909

BENJAMIN C. IRVINE (Managing Member) 37720 OLD FARM RD PUNTA GORDA, FL 33982

## ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

**REQUIRED SIGNATURE:** 

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

(In accordance with section 605.0203 (1) (b), 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.)

16 OCT 17 PH 6: 12