

L16000213861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
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COVER

TO: Registration Section  
Division of Corporations

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:

DAVID HART

Name of Person

Dave Hart

FLOORING LLC

Firm/Company

2362 SE Bounty Ave

Address

Port St Lucie FL 34952

City/State and Zip Code

OWLSHEAD2001@GMail.Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID HART

Name of Person

at

(772) 453-3690

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dave Hart 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:2362 SE BOUNTY AVE  
Post St Lucie FL  
34952Mailing Address:Same**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:

DAVID HART

Name

2362 SE BOUNTY AVEFlorida street address (P.O. Box **NOT** acceptable)Post St Lucie FL 34952

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company the \_\_\_\_\_  
place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in \_\_\_\_\_ capacity \_\_\_\_\_  
further agree to comply with the provisions of all statutes relating to the proper and complete performance \_\_\_\_\_ my duties and I \_\_\_\_\_  
am familiar with and accept the obligations of my position as registered agent as provided for \_\_\_\_\_ 605 \_\_\_\_\_

[Signature]  
Registered Agent's Signature (REQUIRED)FILED  
16 NOV 21 PM 3:32  
CLERK OF CIRCUIT  
JAIL AHAASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

DAVID HART  
2362 SE Bounty Ave  
Port St Lucie FL 34952

(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.)

**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.

DAVID HART

Typed or printed name of signee

**Filing**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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