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# FILING CANCELLED RETURNED CHECK

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### **COVER LETTER**

# FILING CANCELLED RETURNED CHECK

TO: Registration Section
Division of Corporations

SUBJECT: RESINOUS FLOORING CONCEPTS, 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:

**BRIAN J. JONES** 

Name of Person

Firm/Company

18200 WILDCAT DRIVE

Address

FORT MYERS, FL 33913

City/State and Zip Code

sphynx8251@gmail.com

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

For further information concerning this matter, please call:

BRIAN J. JONES

Name of Person

at (239) 603-2423

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑\$125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

# FILING CANCELLED RETURNED CHECK

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### RESINOUS FLOORING CONCEPTS, 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:** 

18200 WILDCAT DRIVE FORT MYERS, FL 33913

18200 WILDCAT DRIVE FORT MYERS, FL 33913

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:

BRIAN J. JONES

Namo

18200 WILDCAT DRIVE

Florida street address (P.O. Box NOT acceptable)

FORT MYERS, FL 33913

City, State and Zip

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 Actor's Signature (REQUIRED)

3/4/17

## FILING CANCELLED RETURNED CHECK

#### (CONTINUED)

#### ARTICLE IV-

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

Name and Address: Title:

"AMBR" = Authorized Member

"MGR" = Manager

<u>AMBR</u>

**BRIAN J. JONES** 18200 WILDCAT DRIVE FORT MYERS, FL 33913

(Use attachment if necessary)

(OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing (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.)

**REQUIRED SIGNATURE:** 

Signature of a niember 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.)

BRIAN J. JONES

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)