

L17000132954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

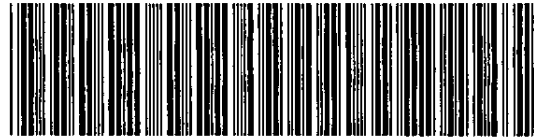
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/17--01003--011 **130.00

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17 JUN 20 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 16, 2017

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

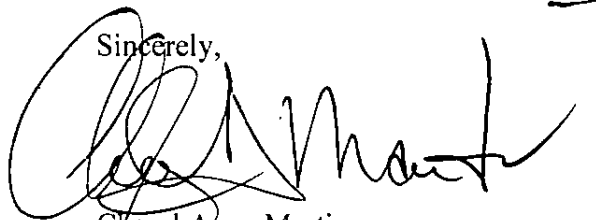
RE: New Florida Limited Liability Company - *Olde World Flooring, Tile & Restoration LLC*

Dear Sir or Madame:

Enclosed please find Articles of Organization along with a check in the amount of \$130.00 for Filing Fee and Certificate of Status with regard to forming a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes.

Should you have questions or require additional information, I can be reached at (813) 516-3506 or at the address below. Your assistance in this matter is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl Anne Martin", written over a large, stylized circular flourish.

Cheryl Anne Martin
921 Meadow Glade Drive
Ruskin, FL 33570

/cym
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Olde World Flooring, Tile & Restoration LLC

(Must contain 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:

921 Meadow Glade Drive

SAME

Ruskin, FL 33570

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:

John J. Martin

Name

921 Meadow Glade Drive

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

Ruskin

FL

33570

City

State

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 and 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.

John Martin

Registered Agent's Signature (REQUIRED)

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(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

MGR

Name and Address:

John J. Martin

921 Meadow Glade Drive

Ruskin, FL 33570

AMBR

Cheryl A. Martin

921 Meadow Glade Drive

Ruskin, FLK 33570

(Use attachment if necessary)

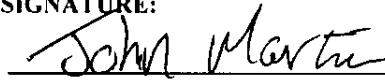
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

John J. Martin

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)

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