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COVER LETTER

	lew Filing Section Division of Corporations		
SUBJECT	T. Bridges Flooring		
SUBJEC		of Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee	(s) are submitted	for filing.
Please retu	um all correspondence concerning th	is matter to the f	ollowing:
	Julia Z. Beckwith		
	-	Name of	Person
	T. Bridges Flooring		
		Firm/Co	mpany
	1898 Aspalaga Road		
		Addr	ess
	Quincy Florida 32351		
	tbridgesflooring@gmail.com	City/State an	d Zip Code
		used for future a	unnual report notification)
For further	information concerning this matter,	please call:	
	Terry Bridges	850	567-6324
	Name of Person	at (Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	_	& \$155.0 Certifi	Of Filing Fee & S160.00 Filing Fee, ed Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Bridges Flooring LLC
(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
CLE II - Address:	
ailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1898 Aspalaga Road	1898 Aspalaga Road
Quincy, FL 32351	O. dama FL 20264
CLE III - Registered Agent, Registered Office Limited Liability Company cannot serve as its ov	vn Registered Agent. You must designate an individual o
CLE III - Registered Agent, Registered Offici Limited Liability Company cannot serve as its over business entity with an active Florida registrate	e, & Registered Agent's Signature: vn Registered Agent. You must designate an individual o tion.)
CLE III - Registered Agent, Registered Office Limited Liability Company cannot serve as its ov	e, & Registered Agent's Signature: vn Registered Agent. You must designate an individual o tion.)
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CLE III - Registered Agent, Registered Office. James and the Florida street address of the register. 28 98	e, & Registered Agent's Signature: vn Registered Agent. You must designate an individual of the control of the
CLE III - Registered Agent, Registered Office. James and the Florida street address of the register. 28 98	e, & Registered Agent's Signature: vn Registered Agent. You must designate an individual cition.)
CLE III - Registered Agent, Registered Office. James and the Florida street address of the register. 28 98	e, & Registered Agent's Signature: on Registered Agent. You must designate an individual ocition.) ed agent are: Name As As Lagar Boless (P.O. Box NOT acceptable)

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)

"AMBR" = Authorized Member "MGR" = Manager AMBR	
AMBR	
	Julia Beckwith
	1898 Aspalaga Road
	Quincy, FL 32351
Manager	Terry Bridges
	1898 Aspalaga Road
	Quincy, FL 32351
	
e of filing.) If the date inserted in this block does not me cument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be I
:ument s'effective date on the Department o	State's records.
CLE VI: Other provisions, if any.	
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CLE VI: Other provisions, if any.	.0
REQUIRED SIGNATURE:	Bechirth
REQUIRED SIGNATURE: Signature of a men	Behwth nber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a men This document is execute	d in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false is	d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false i constitutes a third degree	d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
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REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false i constitutes a third degree	d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)