L19000212023

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		į

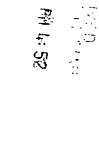




800333268128

08/27/19--01002--015 **125.00

19 和15 26 南小52



IN AUG 26 PH 5: 07

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: T. T. FLOORING LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Timouthy J. WHITLEY Name of Person
P.O. BOX 432
16294 315+ Drive
Address Wellburn FL 32094 City/State and Zip Code +++Fluoring Lice gmail. Com E-mail address: (to bassed for future annual report notification)
City/State and Zip Code ,
E-mail address: (to bursed 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 S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clirton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
T.T.T FLOORING	11C
(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:
16294 31 st Drive	P. O. Box 432
Wellborn E1 320916	Wrllhorn E1 3209

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

ARTICLE I - Name:

(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:

Timouthy Whitley
Name

16294315+D-Wellbird Fil
Florida street address (P.O. Box NOT acceptable)

Wellbarn FL 32094

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 (REQVIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Timouthy Whitley 16294 315+ Dr. Wellbard FL 32094
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
the document's effective date on the Department ARTICLE VI: Other provisions, if any.	

, ,	, and the second of the second	
	Timouthy Whitley	_will not reinstate
	Document number <u>L1700012697.5</u>	·
	And will file a new filing with the same name.	

SIGN NAME

••

DATE