

# L21000021445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

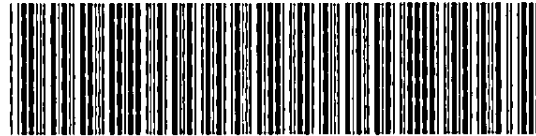
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/25/21--01004--003 \*\*125.00

2021 JAN 25 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN 25 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

01/25/22

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: KING FLOORING 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:

TERQUINTON FLOYD  
Name of Person

KING FLOORING LLC  
Firm/Company

1370 OCALA RD #201  
Address

TALLAHASSEE, FL 32303  
City/State and Zip Code

TFLOYD90@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERQUINTON FLOYD at ( 912 ) 652-9039  
Name of Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JAN 25 PM 4: 54

ARTICLE I - Name:

The name of the Limited Liability Company is:

KING FLOORING 850 LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1370 OCALA RD APT 201  
TALLAHASSEE, FL 32303

Mailing Address:

1370 OCALA RD APT 201  
TALLAHASSEE, FL 32303

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:

TERQUINTO N FLOYD

Name

1370 OCALA RD APT 201

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

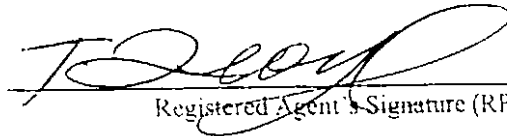
TALLAHASSEE FL 32303

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

PAUL HUSFORD  
2781 ROCKY COMFORT LN  
TALLAHASSEE, FL 32304

TERQUINTON WOODARD-FLOYD  
1370 Ocala Rd APT 201  
TALLAHASSEE, FL 32303

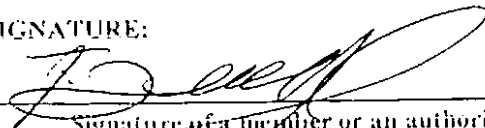
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, JANUARY 25, 2021 (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.

TERQUINTON FLOYD

Typed or printed name of signer

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)

RECEIVED  
JAN 25 PM 4:56  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL