L21000087431

(Requestor's Name)
(Address)
(Address)
(riddiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<u> </u>
Control Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}
L

Office Use Only



400358117814

02/08/21--01006--005 **168.88



3/2/2/

COVER LETTER

Division of Corporations		
SUBJECT: JMB Hardwood F	looring, LLC	
	nited Liability Company	
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Justin Braun		
	Name of Person	
	Firm/Company	
6923 Beargrass R	oad	
9	Address	
Harmony, FL 34773		795
, , , , , , , , , , , , , , , , , , ,	ity/State and Zip Code	# # # # # # # # # # # # # # # # # # #
TMBhardwood flooring (E-mail address: (to be used	egmail.com	
E-mail address: (to be used	for future annual report notification	0 0
For further information concerning this matter, please	ecall:	8 AM 9: 01
T		9.0
Name of Person A	107) 908 - 125 71e rea Code Daytime Telephone N	<u> </u>
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee &	□\$155.00 Filing Fee &	⊠\$160.00 Filing Fee.
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	• •	additional copy is enclosed)
Mullian Adding	Campa A J.J.	
Mailing Address New Filing Section	Street Address New Filing Section Divis	ion
Division of Corporations	The Centre of Tallahasse	ee
P.O. Box 6327	2415 N. Monroe Street, 1	Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must contain the words "Lir	Flooring, LLC nited Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Lim	ited Liability Company is:	
Principal Office Address	į :	Mailing Addre	<u>ss</u> :
Legas Beargrass Road Harmony, FL 34773		Legas Beurgrau Roa Harmony, FL 34773	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis	s own Registered Age		ividual or
The name and the Florida street address of the regi	stered agent are:		
_ Bacarra	Name	ood Flows	
	ma Ave # Suit ddress (P.O. Box <u>NO</u>		
Winter Pa	irk FL	32792	
City	State	Zip	
Having been named as registered agent and to accepolace designated in this certificate, I hereby accept the further agree to comply with the provisions of all statem familiar with and accept the obligations of my pos	e appointment as regi utes relating to the pro sition as registered ag	stered agent and agree to act in oper and complete performance	n this capacity. I e of my duties, and I 605, F.S
·	(CONTINUE		R -8 RH 9: 0 R -8 RH 9: 0

ARTICLE IV-

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

Title:		Name and Address:	
"AMBR" = Author			
"MGR" = Manage			
_AMBR		Justin Braun	
		Legas Beargrass Rold. Harmony, FL 34773	
		truthony, restrict	
AMBR		Miju Bravn	
		LABS Bearard Road	
		Hacmony, FL 34773	
 			
	nececcary)		
e of filing.)	e, if other than the date o	of filing: 1/9/2021 (OPTIONAL) cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b	
TLE V: Effective date ffective date is listed to filing.) If the date inserted in	e, if other than the date of the date must be special this block does not make on the Department of	eet the applicable statutory filing requirements, this date will not b	
TLE V: Effective date iffective date is listed a of filing.) If the date inserted in tument's effective date.	e, if other than the date of the date must be special this block does not make on the Department of	eet the applicable statutory filing requirements, this date will not b	
TLE V: Effective date iffective date is listed a of filing.) If the date inserted in tument's effective date.	e, if other than the date of the date must be special this block does not mete on the Department of ons, if any.	eet the applicable statutory filing requirements, this date will not b	
LE V: Effective date ffective date is listed to of filing.) If the date inserted in ument's effective da LE VI: Other provisi	t, if other than the date of the date must be special this block does not make on the Department of ons, if any.	eet the applicable statutory filing requirements, this date will not be f State's records.	
TLE V: Effective date is listed to of filing.) If the date inserted in the date inserted in the date inserted date. The visit of the provision of the provisio	this block does not me te on the Department of ons, if any. NATURE: Signature of a men is document is execute	eet the applicable statutory filing requirements, this date will not be f State's records. The Records are the statutory filing requirements, this date will not be f State's records.	
TLE V: Effective date is listed to of filing.) If the date inserted incument's effective date LE VI: Other provision of the p	this block does not me te on the Department of ons, if any. Signature of a men is document is execute m aware that any false i	eet the applicable statutory filing requirements, this date will not be f State's records. The Resolution of a member of a member of a member of in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State	
TLE V: Effective date is listed to of filing.) If the date inserted incument's effective date. ELE VI: Other provision of the	this block does not me te on the Department of ons, if any. Signature of a men is document is execute m aware that any false i	nber or an authorized representative of a member. Information submitted in a document to the Department of State follows as provided for in e. 817, 155, E.S.	
TLE V: Effective date is listed to of filing.) If the date inserted incument's effective date. ELE VI: Other provision of the date. REOUIRED SIGNATE THE LANGE IN THE LANGE IS IN THE LANGE IN THE LANGE IS IN THE LANGE IS IN THE LANGE IN THE LANGE IS IN	this block does not me te on the Department of ons, if any. Signature of a men is document is execute m aware that any false in estitutes a third degree	nber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.	
TLE V: Effective date is listed to of filing.) If the date inserted incument's effective date. ELE VI: Other provision of the date. REOUIRED SIGNATE THE LANGE IN THE LANGE IS IN THE LANGE IN THE LANGE IS IN THE LANGE IS IN THE LANGE IN THE LANGE IS IN	this block does not me te on the Department of ons, if any. Signature of a men is document is execute m aware that any false in estitutes a third degree	nber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.	e list
TLE V: Effective date is listed to of filing.) If the date inserted incument's effective date LE VI: Other provision of the p	this block does not me te on the Department of ons, if any. Signature of a men is document is execute m aware that any false in estitutes a third degree	nber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.	e list
LE V: Effective date ffective date is listed of filing.) If the date inserted in ument's effective da LE VI: Other provisi REOUIRED SIG	s, if other than the date of the date must be special this block does not mete on the Department of ons, if any. NATURE: Signature of a ment is document is execute in aware that any false institutes a third degree.	nber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.	
CLE V: Effective date ffective date is listed e of filing.) If the date inserted in tument's effective da CLE VI: Other provisi REOUIRED SIG	s, if other than the date of the date must be special this block does not mete on the Department of ons, if any. NATURE: Signature of a ment is document is executed a ware that any false institutes a third degree institutes a third degree of the degree	nber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.	oe liste
CLE V: Effective date ffective date is listed e of filing.) If the date inserted in nument's effective da CLE VI: Other provisi REOUIRED SIG Th I a co \$125.00 Filing F \$ 30.00 Certifie	s, if other than the date of the date must be special this block does not mete on the Department of ons, if any. NATURE: Signature of a ment is document is execute in aware that any false institutes a third degree.	nber or an authorized representative of a member. In a din accordance with section 605.0203 (1) (b), Florida States, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent 9	e list