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## COVER LETTER

Division of Corporations
SUBJECT: R.L.P. Flooring & tile LLC Name of Limited Kiability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lilian Romero
Name of Person
Firm/Company
420 Marcus LN LOT 14
Address
Tallahassee FL 37304  City/State and Zip Code  [ilian rom/ro 530/2 gmail. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
lilian combro 530/a gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rafael at 850, 321-4897
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
+ □\$125.00 Filing Fee

Mailing Address
New Filing Section

Division of Corporations

TO:

New Filing Section

Street Address
New Filing Section Division
The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Con	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
420 Marws LN LOT 14 tailabrissee FL 32304	H20 Mayous LN Lor 14 Taillahussee FL 32304
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	Agent. You must designate an individual or.
Name	-π - π - π - π - π - π - π - π - π - π
Florida street address (P.O. Box 2	
Tallahasse FL	- 32.304

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

	Name and Address;
Title: "AMBR" = Authorized Member	THIN HIM AMM VIVI
"MGR" = Manager	10
TAMBR"	Lilian Komero
	470 Marcus LN 10T 14
	randivinge PC 32301
<del></del>	
(If an effective date is listed, the date must the date of filing.)	the date of filing: 9/16/21 (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days after  s not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records.
•	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	- fundad un
REOURED SIGNATURE:  Signature of This document is 1 am aware that ar	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
REOURED SIGNATURE:  Signature of This document is I am aware that are constitutes a third.	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)