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**L01000010787**

8-4127/15500C  
 July 5, 2001

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Equiflor Central Florida Partners, LLC

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

**Retrieval Request**

- Photocopy
- Certified Copy

APPROVED AND FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 JUL -5 AM 10:49

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**RECEIVED**  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2001 JUL -5 AM 10:03  
 NOT RECORDED  
 TO ACKNOWLEDGE  
 SUFFICIENCY OF FILING

100004459731 --- 7  
 07/05/01--01025--015  
 \*\*\*\*155.00 \*\*\*\*155.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

UB  
 7-5-01

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**EQUIFLOR CENTRAL FLORIDA PARTNERS, LLC**

**ARTICLE II - Address**

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

**2120 SW 55 Street Road  
Ocala, FL 34480**

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

The name and the Florida street address of the registered agent is:

**ANTHONY A. SARANDES  
2120 SW 55 Street Road  
Ocala, FL 34480**

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TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

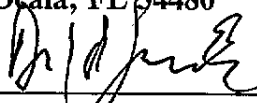
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
ANTHONY A. SARANDES

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and street address of the initial manager is:

**Anthony A. Sarandes  
2120 SW 55 Street Road, Ocala, FL 34480**

  
\_\_\_\_\_  
ANTHONY A. SARANDES

*(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*