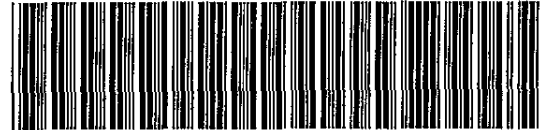


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ALABAMA STATE
TALLAHASSEE, FLORIDA



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11/13/03--01024--004 **160.00

AL

(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

John Dockree
6125 St. Ives Blvd.
Orlando, FL 32819
(407) 903-1442

FILED
03 NOV 13 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 8, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


RE: Dockree Flooring, LLC

With respect to the formation of a new Florida limited liability company, Dockree Flooring, LLC, I submit the articles of organization and a check for \$160 for the following:

1. \$100 filing fee.
2. \$25 designation of registered agent.
3. \$30 certified copy.
4. \$5 certificate of status.

Please advise if you need any additional information.

Sincerely,


John Dockree

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

FILED
03 NOV 13 PM 2:
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dockree Flooring, LLC

ARTICLE II - Address:

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

Principal Office Address:

6125 St. Ives Blvd.

Orlando, FL 32819

Mailing Address:

6125 St. Ives Blvd.

Orlando, FL 32819

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

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

John Dockree

Name

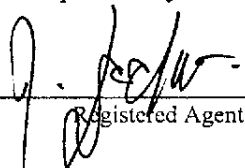
6125 St. Ives Blvd.

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

Orlando, FLORIDA 32819

City, State, and Zip

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 608, Florida Statutes..



Registered Agent's Signature

FILED

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John Dockree

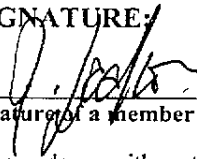
6125 St. Ives Blvd.

Orlando, FL 32819

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

John Dockree

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)