L03000045306

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Cit	by/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700024513457

11/18/03--01048--024 **695.00

RECEIVED

03 NOV 18 PM 2: 12

DIVISION OF CORPORATION

03 NOV 18 AH 2: 18
SECRETARY OF STATE

RicHAND A. CLOVER, Requester's Name PO BOX 12612 Address TALLAHASSEE, FL 32. City/State/Zip Phone # 422-	317	ice Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if kno	wn):
1(Corporation Name)	(Document #)	03 NOV SECRE
Corporation Name)	(Document #)	HASSEE F
3. (Corporation Name)	(Document #)	2: 18 STATE ORIDA
4. (Corporation Name)	(Document #)	
Walk in Pick up time Mail out Will wait	Photocopy	Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registered Dissolution/Withdray Merger	I Agent
OTHER FILINGS	REGISTRATION/QUA	LIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
		Framiner's Initials

CR2E031(7/97)

TRANSMITTAL LETTER

	Registration Section Division of Corporations		
SUBJEC	T: MURRAY'S FLOORCOVERING, L.L.C.		
	(Name of Limited Liability Company)		
The enclo	osed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	RICHARD A. GLOVER	_	
	(Name of Person)		
	RICHARD A. GLOVER, C.P.A., P.A.		
	(Firm/Company)	_	
	POST OFFICE BOX 12612		
	(Address)		
	TALLAHASSEE, FLORIDA 32317		
	(City/State and Zip Code)		
For further	er information concerning this matter, please call:		
	RICHARD A. GLOVER at (850) 422-1042		
	(Name of Person) (Area Code & Daytime Telephone Number)	SECRETARY TALLAHASSI	03 KOV 18

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
MURRAY'S FLOORCOVERIN	IG, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Co	ompany
Principal Office Address:	Mailing Address:	
50 CAROLINA COURT	50 CAROLINA COURT	
CRAWFORDVILLE, FLORIDA 32327	CRAWFORDVILLE, FLORIDA	32327
ARTICLE III - Registered Agent, Registered Control of the name and the Florida street address of the registered Agent, Registered Control of the Richard A. GLOVER, C.P.A. Name	gistered agent are:	re: 03 NOV 18

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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
"MGRM"	MARK E. MURRAY, SR. 50 CAROLINA COURT		
	CRAWFORDVILLE, FLORIDA 323	27	
		<u> </u>	
			,
		<u> </u>	
(Use attachment if necessary)			
(Ose atmenment if necessary)			
NOTE: An additional article must l	be added if an effective date is reques	sted.	
REQUIRED SIGNATURE:	. //		
Mark Z.	Munay, Sr.		
-	authorized representative of a member.		
(In accordance with section 60 of this document constitutes at that the facts stated herein are	08.408(3), Florida Statutes, the execution n affirmation under the penalties of perjury true.)		
	printed name of signee	03 NOV SECRE	æ

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)