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(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:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

= 1.... ED

TO:

Registration Section Division of Corporations 03 NOV 24 AM II: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: TIFFANY'S FLOOR COVERINGS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMELA J. TIFFAI	(Name of Person)
TIFFANY'S FLOOR CO	OVERINGS, LLC
	(Firm/Company)
3254 TIFFANY STREET	
•	(Address)
TALLAHASSEE, F	LORIDA 32311
	(City/State and Zip Code)
For further information concerning this	matter, please call:
PAMELA J. TIFFANY	at (850) 877-7570

STREET ADDRESS:

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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

FILED

ARTICLES OF ORGANIZATION FOR

03 NOV 24 AMII: 19

FLORIDA LIMITED LIABILITY COMPANY EURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:		
TIFFANY'S FLOOR COVERINGS, LLC		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
TIFFANY'S FLOOR COVERINGS, LLC	TIFFANY'S FLOOR COVERINGS, LLC	
3254 TIFFANY STREET	3254 TIFFANY STREET	
TALLAHASSEE, FLORIDA 32311	TALLAHASSEE, FLORIDA 32311	
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the register		
PAMELA J. TIFFANY		
Name		
3254 TIFFANY STREET Florida street address (P.O. Box 1	IOT acceptable)	
City, State, and Zip	LORIDA 32311	

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..

Page 1 of 2 (CONTINUED)

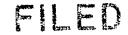
ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		03 NOV 24 AM II: 19	
The name and address of each N	Manager or Managing Member is as fo	ollows:	
<u>Title:</u> "MGR" = Manager	Name and Address:	FALLAHASSEE. FLORID	
"MGRM" = Managing Member	•		
"MGR"	PAMELA J. TIFFANY		
	3254 TIFFANY STREET		
	TALLAHASSEE, FLORIDA	. 32311	
			
			
<u> </u>			
		<u> </u>	
(Use attachment if necessary)			
NOTE: An additional article	must be added if an effective date is	requested.	
REQUIRED SIGNATURE:	_		
Signature of a member	er or in authorized de fresentative of a men	mber.	
(In accordance with se	ection 608.408(3), Florida Statutes, the executive an affirmation under the penalties of po	tion	
PAMELA J. TIFFA	NY		

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)

Typed or printed name of signee

ARTICLES OF ORGANIZATION FOR



FLORIDA LIMITED LIABILITY COMPANYO3 NOV 24 AM 11: 19 (ATTACHMENT)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

"TIFFANY'S FLOOR COVERINGS, LLC"

ARTICLE V - EFFECTIVE DATE:

The effective date of this Limited Liability Company is to be January 1, 2004.