L03000052426

(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



900025297189

12/12/03--01043--005 **155.00







CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Williams	Flow Has C	200 sering
-	- J	

OS ORE 12 ON 7:58

		<u> </u>	
			Art of Inc. File
•		, -	LTD Partnership File
·		_	Poreign Corp. File
			L,C. File
4			Fictitious Name File
			Trade/Service Mark
ale 1°			Merger File
1,000			Art. of Amend. File
•			RA Resignation
			Dissolution / Withdrawal
5.1 S.	A	# · · · · · · · · · · · · · · · · · · ·	Annual Report / Reinstatement
			Cert. Copy
	•		Photo Copy
•	· ·		Certificate of Good Standing
			Certificate of Status
		* - * *	Certificate of Fictitious Name
			Corp Record Search
			Officer Search
	s 		Fictitious Search
0:		· · · · · · · · · · · · · · · · · · ·	Fictitious Owner Search
Signature			Vehicle Search
		<u> </u>	Driving Record
Requested by:	10 12/10		UCC 1 or 3 File
(/)	N -119	,	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Ur	,	Courier

ARTICLES OF ORGANIZATION WILLIAMS FLOOR COVERING, LLC

The undersigned subscriber hereby forms a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

ARTICLE I NAME

The name of this limited liability company shall be WILLIAMS FLOOR COVERING, LLC.

ARTICLE II DURATION

This limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

ARTICLE III PURPOSE AND POWERS

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

ARTICLE IV PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the limited liability company is at 193 Natural Bridge Road, DeFuniak Springs, Florida 32433. The mailing address of the limited liability company is 193 Natural Bridge Road, DeFuniak Springs, Florida 32433.

ARTICLE Y INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this limited liability company is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579 and the name of the initial registered agent at that address is LISA Y. PITELL.

ARTICLE VI CAPITAL

The capital of the limited liability company that will be contributed shall be the sum of One Thousand Dollars (\$1,000.00).

ARTICLE VII MANAGEMENT

The name and address of the manager of the limited liability company is as follows:

Matthew D. Williams 193 Natural Bridge Road DeFuniak Springs, Florida 32433

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

ARTICLE VIII INITIAL MEMBERS

The name and address of the initial members of this limited liability company is as follows:

Matthew D. Williams 193 Natural Bridge Road DeFuniak Springs, Florida 32433

Danny Claude Ansley P.O. Box 635 Florala, Alabama 36442

ARTICLE IX ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

ARTICLE X DISSOLUTION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

TRANSFER OF INTEREST

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transfer or from all remaining members.

IN WITNESS WHEREOF, the undersigned, being the member hereinbefore named, has hereunto set his hand and seal on this the 1th day of December, 2003, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

INCORPORATING MEMBER:

MATTHEW D. WILLIAMS

STATE OF FLORIDA COUNTY OF OLA 10052

The foregoing instrument was executed and acknowledged before me this 11th day of December, 2003, by Matthew D. Williams, who personally appeared and who is personally known to me and who did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this /H/) day of December, 2003.

Notary Public

My commission expires: 8-14-3005



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 608.415, Florida Statutes, the following is submitted: WILLIAMS FLOOR COVERING, LLC, desiring to organize under the laws of the State of Florida with its principal place of business at 193 Natural Bridge Road, DeFuniak Springs, Florida 32433, has named **Lisa Y. Pitell** as its agent to accept service of process within the State of Florida and whose address is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579.

INCORPORATING MEMBER:

MATTHEW D. WILLIAMS

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.

LISA Y. PITELL Registered Agent