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(Address)  (Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Document Dr MAIL Orlando FL 32822-8101		•
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Maria & Julio Cintron 7729 Danu Dr Orlando FL 32822-8101  (Business Entity Name)  (Document Number)  (Document Number)  Certified Copies Certificates of Status		(Requestor's Name)
(City/State/Zip/Phone #)  Maria & Julio Cintron 7729 Danu Dr Orlando FL 32822-8101  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Address)
PICK Maria & Julio Cintron 7729 Danu Dr Orlando FL 32822-8101  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Address)
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
Cintrop Floor Covering	L.L.	•				
ARTICLE II - Address: The mailing address and street address of the principal of	office of the I	imited l	Liabilit	ty Com	pany is	s <b>:</b>
Principal Office Address:	Mailing Ad	ldress:				
7729 DANU Dr	7729	DA	Nu	Dr		
Gr1 17 32822-8101	Orl	FI	32	855.	810	j
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered  The name and the Florida street address of the registered of the	d agent are:	ed Agent		ALLANA SEE ELUSIDA	03 DEC -9 PH 12: 06	
City, State, and Zin						

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member The Repulse of a member of a member. Name and Address: Name and Address: Name and Address: Signature of a member of an authorized representative of a member.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)