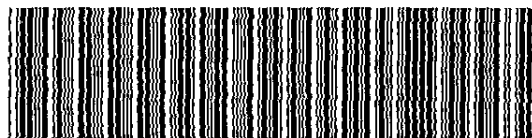


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03 DEC 11 PM 1:58

STATE  
HALL, FLORIDA



900025398249

12/11/03--01021--022 \*\*155.00

(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

To: Registration Section  
Division of Corporations

Enclosed is two sets of Articles of Organization

for Bobby Roseman L.L.C.

Also a check to Division of Corporations for \$155.00

This is for as follows:

Filing fee	\$100
<u>Designation of Registered Agent</u>	<u>\$25</u>
Certified Copy	30
<u>Total</u>	<u>\$155</u>

FILED

03 DEC 11 PM 1:

CLERK OF COURT, FLORIDA

**TRANSMITTAL LETTER**

Two sets

Pages

1 of 3

December 08, 2003

FILED  
03 DEC 11 PM 1  
TALLAHASSEE, FLA.

To: Registration Section  
Division of Corporations

Subject: Bobby Roseman Carpets L.L.C.  
(Name of Limited Liability Company)

Enclosed Articles of Organization and fees are submitted for filing.

Please return the correspondence concerning this matter to the following.

Bobby D. Roseman  
(Name of Person)

Subject: Bobby Roseman Carpets L.L.C.  
(Firm/Company)

519 Lanfair Avenue  
(Address)

Sebastian FL 32958  
(City/State and Zip Code)

For further information concerning this mailer, please call:

Arthur D. Sparks at (772) 464-8488  
(Name of person) (Area Code & Daytime Telephone Number)

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**

FILED  
03 DEC 11 PM  
TALLAHASSEE, F

**ARTICLE I. Name:**

The name of the Limited Liability Company is:  
Bobby Roseman Carpets L.L.C.

**ARTICLE II. Address:**

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

<u>Principal Office Address</u>	<u>Mailing Address</u>
519 Lanfair Avenue Sebastian Fl 32958	519 Lanfair Avenue Sebastian Fl 32958

**ARTICLE III. Registered Agent, Registered Office, Registered Agent Signature**

The name and Florida street address of the registered agent:

Bobby D. Roseman  
519 Lanfair Avenue  
Sebastian Fl 32958

Having been named a 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 F.S.

  
\_\_\_\_\_  
Registered Agents Signature

(CONTINUED)

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03 DEC 11 PM 1:58

STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - Managing Member:**

The name and address of the managing member is:

Title:

MGRM = Managing member

Name and Address

MGRM

Bobby D. Roseman


519 Fanfair Avenue

Sebastian FL 32958

**ARTICLE V - Effective date of Limited Liability Company**

The effective date is January 1, 2004.

**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.)

Bobby D. Roseman

Type or printed signature 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)