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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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NULLUN OF CORPORATIONS

TRANSMITTAL LETTER

	A 2310
TO: Registration Section	ing.
Division of Corporations	Pic B
SUBJECT: JEFF SCHRECK LLC	至 2 四
(Name of Limited Liability Com	ipany)
	TOPA OF
The enclosed Articles of Organization and fee(s) are submitted for fill	ing.
Please return all correspondence concerning	this matter to the following:
DEBBIE A. DEAN	
(Name of Person)	
SHARP CARPET & CERAMIC TILE INC.	
(Firm/Company)	
2617 MARTIN LUTHER KING JR,. BLVD.	
(Address)	
PANAMA CITY, FL 32405	
(City/State and Zip Co	de)
For further information concerning this matter, please call:	
Debbie A. Dean at (850	769-8505

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MISORY OF SEE, KLONION	ELED ROOM
	

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEFF SCHRECK 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:
1107 NEW JERSEY	1107 NEW JERSEY
LYNN HAVEN, FL 32444	LYNN HAVEN, FL 32444

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

N	ame
1107 NEW JERSEY	
Florida street address	(P.O. Box NOT acceptable)
LYNN HAVEN	FLORIDA 32444

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 proyided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(s): or Managing Member is as follows:	THIS OF Y
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	March Main
MGRM	JEFF SCHRECK	199
	1107 NEW JERSEY	19/6
	LYNN HAVEN, FL 32444	42
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<u> </u>		
(Use attachment if necessary)		·
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE: Signatura of a member or an a	outhorized representative of a member.	. **
(In accordance with section 608	.408(3), Florida Statutes, the execution	
of this document constitutes an a that the facts stated herein are tr	affirmation under the penalties of perjury	

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

JEFF SCHRECK

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee