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(Requestor's Name)	
(Address)	
(r Marioso)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
12/26 FC CC	.





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03 DEC 26 PM # 10

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DOUGLAS HUGHES FLOORING, 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:				
DOUGLAS HUGHES				
(Name of Person)				
DOUGLAS HUGHES FLOORING	-			
(Firm/Company)				
106 Beach Avenue				
(Address)				
Port St. Lucie, FL 34952				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DOUGLAS HUGHES at (1)2 878 - 2551				

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

ARTICLE I - Name: The name of the Limited Liability	Company is:	
DOUGLAS HUGHES FLOORING,	LLC	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Add	ress:
106 Beach Avenue	106 Beach Av	e nue
Port St. Lucie, FL 34952	Port St. Lucie,	FL 34952
	· · <u>·</u>	
ARTICLE III - Registered Ager The name and the Florida street ac	nt, Registered Office, & Registered ddress of the registered agent are:	O3
DOUGLAS HU	JGHES	E B m
	Name	26 F
106 Beach Ave	enue	- P
Florida st	treet address (P.O. Box NOT acceptable)	
Port St. Lucie	FLORIDA 34952	_ \$ ^A •
	City, State, and Zip	

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:

<u>Title:</u> "MGR" = Ma "MGRM" = 1	anager Managing Mer	mber	Name and Address:			
MGRM		-	DOUGLAS HUGHES			
· · · · · · · · · · · · · · · · · · ·	 -		106 Beach Avenue			
			Port St. Lucie, FL 34952			
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		<u> </u>				
		s.				
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		*				
(Use attachm	ent if necessar	y)				
		·				
NOTE: An additional article must be added if an effective date is requested.						
_	SIGNATUR	2/20	Hughos			
	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.)						
	DOTTOT LOTT	TOTTE				

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