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	(Requestor's Name)	
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<del></del>	(City/State/Zip/Phone #)	<del></del>
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<del></del>
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Special Instructions	s to Filing Officer:	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: George's Carpets, 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:	
George Tassogloy	
	₹
George's Carpets, LLC	SÉC 9
(Firm/Company)	
1830 8th ST NE	ANKY SSE
(Address)	
Naples, FL 34120 (City/State and Zip Code)	9: 4 1:0RI
(City/State and Zip Code)	<u></u>
For further information concerning this matter, please call:	
George Tassogloy at 239 465-917 (Name of Person) (Area Code & Daytime Telephone Number	3
(cited code of Daytime Perspirate Printers	,

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

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SECHE ARY OF SEC. FLORE

ARTICLE I - Name: The name of the Limited Liability Con	
beorge's	Carpets, LLC
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Princinal Office Address:	Mailing Address:
1830 8th ST NE	1830 8th ST NE
Naples, FL	Naples FL
34120	34120

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Deorge lassogloy
Name

1830 8th ST NE

Florida street address (P.O. Box NOT acceptable)

Naples FLORIDA 34120

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..

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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a member or 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 signe

that the facts stated herein are true.)