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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECLETARY OF STATE TALLAHASSEE, FLORIDA



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[AL]

POUCHER'S FLOOR COVERING 5100 SE 17TH ST.

OCALA, FL 34471

PH. 572-0215

04 JAN 20 PM 2:21

SEUNETARY OF STATE TALLAHASSEE, FLORIDA

January 20, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the Articles of Organization for a Florida Limited Liability Company and a Transmittal Letter. I am converting my Sole Proprietorship to an LLC. I have also included \$130.00 for the Filing Fee, Designation of Registered Agent, and Certificate of Status. Thank you for your prompt attention to this matter.

Sincerely,

Brian Poucher

Poucher's Floor Covering

TRANSMITTAL LETTER

FILED

04 JAN 20 PM 2:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Registration Section Division of Corporations

TO:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Bucher
(Name of Person)
Poucher's Floor Covering LL
(Firm/Company)
5100 SE 17th St.
(Address)
Ocala, FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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
04 JAN 20 PM 2:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:	TALLAHASSEE. FLOR
The name of the Limited Liability Company is:	
Pouchur's Floor Covering	LLC
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5100 SE 17 St	same
Ocala, FL 34471	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register Brian D. Police Name 5100 5E 17 th Florida street address (P.O. Box 1)	red agent are:
City, State, and Zip	LORIDA 8447/

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)

FILED

ARTICLE IV- Manager(s) or Manager The name and address of each Manager		04 JAN 20 1 ollows: SECRETARY (
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSEE	, FLÖRIÐA
MGRIM 100% 50 le Owner	Brian D. Pour 5100 SE 17 St Deale, FL 30	1471 1471	The state of the desired of the desi
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(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is	s requested.	
REQUIRED SIGNATURE:		•	
(In accordance with section 608.	uthorized representative of a me 408(3), Florida Statutes, the execu affirmation under the penalties of p ue.)	tion	
Drian D. 3 Typed or pri	nted name 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)