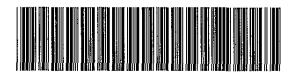
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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edwin By Pd CARPET INSTAURATION FIRE MITTED

(Name of Limited Liability Company)

Company

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

Please return all correspondence concerning this matter to the following:

Edwin Byrd (Name of Person)
Edwin Byrd CARPET INSTALLATION LIMITED LIABILITY (Firm/Company)
156 EAST GRANADA BLW (Address)
ORMOND BEACH FLORIDA 32176 (City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Bred at (386) 615 - 8789 - Cell 316-319 (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 FALLAHASSES, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARPET INSTALLATION LIMITED LIABILITY.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

CARPET INSTALLATION CARPET INSTAK FLA. 32176

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

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

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

ORMOND BEACH FLORIDA 32176
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..

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

TALEAHASSEE FLORING

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Edwin BYRD 156 E. GRANADA BLUD ORMOND BEACH FLAGS2176		
MGRM	EdITH BYRG 156 E GRANADA BLUG DRIND NO BEACH FLA. 32176		
(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.

(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.)

Typed or printed 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)