# L04000011807

(Requestor's Name)	<del></del> -	
(Address)	<u>.</u>	
(Address)	·	
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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04 FEB 13 AN 9:36
DIVISION OF CORPORATION

02/17/ PEB 13 AH 9:58

# TRANSMITTAL LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: NORTON INTE	eriors LLC	
(Name of Lii	mited Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Leon Norton		
(Name of Person)		
(Firm/Company)	<del></del>	
151 Burkes Lane	<u>e</u>	
(Address)		•
Tall. Fl. (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, pleas	e call:	
Leon Norton (Name of Person)	at (850) 228-6709	-0 %
(Name of Person)	(Area Code & Daytime Telephone Number)	04 FEB 13
	MAN INC. ADDINGS	8 25
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	ယ င္က
Division of Corporations	Division of Corporations	CORFOST
409 E. Gaines Street	P.O. Box 6327	9.
Tallahassee, Florida 32399	Tallahassee, Florida 32314	58

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERDORS 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:

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

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

Leon NoRton

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

Tall.

FL

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, F.S..

(CONTINUED)

ARTICLE IV- Manager	(S)	or Managing .	Member	์ร)	:
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Leon NORHON 151 Buskes Lane Tall, Fl.

(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.)

Zeon Norton

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)