## 104000014385

| 1                                       |
|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| CLAWS                                   |

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MUH

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## TRANSMITTAL LETTER

Division of Corporations

SUBJECT: Roosevelt & Son's Floor Covering & Home Supply, 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:

Roosevelt Cannon Se.

(Name of Person)

Roosevelt & Son's Floor Covering & Home Supply, LLC (Firm/Company)

9397 90th Street

(Address)

Live Oak, Fl 32064

(City/State and Zip Code)

Sadie Pettrey at 386, 590-6220
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company  | is:   |
|--|---|
| Roosevelt & Son's Floor Coveri   | ng & Home Supply,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:  |
| 9397 90th Street   | Same  |
| Live Oak, FI 3206₽   |   |
|  |   |
| ARTICLE III - Registered Agent, Register<br>The name and the Florida street address of the | red Office, & Registered Agent's Signature:<br>ne registered agent are: |
|  | Pettrey   |
| Na   | me  |
| 14293  | 111th Place   |
| Florida street address   | (P.O. Box NOT acceptable)   |
| McAlpi<br>City, Sta  | in FLORIDA 32062<br>te, 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)

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| <u>Title:</u><br>"MGR" = M<br>"MGRM" = | anager<br>Managing Member                                   | Name and Address:   |
|--|---|---|
| MGR                                    |   | Roosevelt Cannon Sr.  |
|  |   | 9397 90th Street<br>Live Oak, Fl 3206 <b></b> ———————————————————————————————————                     |
| r ·                                    |   |   |
|  |   |   |
|  | -   | <u> </u>  |
|  |   |   |
| (Use attachn                           | ent if necessary)   |   |
| NOTE: An                               | additional article mus                                      | t be added if an effective date is requested.   |
| REQUIRE                                | SIGNATURE:  | ,   |
| ·*                                     | Signature of a member or                                    | an authorized representative of a member.   |
|  | of this document constitutes that the facts stated herein a | 608.408(3), Florida Statutes, the execution san affirmation under the penalties of perjury tre true.) |
|  | RUD<br>Typed o  | SPULL ANNON printed name of signer  |

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

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)