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VISION OF CRATIONS

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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mill's FLoorcovering L-L.C (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: Henry E Mills (Name of Person)		
(Name of Person)		
(Firm/Company)		
(Address)		As
	04 MAR 24	ECRE?
(City/State and Zip Code)		FILE ARY ASSEI
For further information concerning this matter, please call: Henry 6 Mill 5 at 850 893-5413	PH 3: 04	OF STATE
(Name of Person) (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

The name of the Limited Liability Company is:	
Mills Flarcovering LL	C
ARTICLE II - Address: The mailing address and street address of the princi	
Principal Office Address:	Mailing Address:
8635 Thomagille Rd	Same
TALL.FL	_ ,
32312	
	7 AE S
ARTICLE III - Registered Agent, Registered Of	fice, & Registered Agent's Signatur
The name and the Florida street address of the regis	stered agent are:
Henry & Mills	
Henry & Mills Name	3: TATE
8635 Thomas ville Florida street address (P.O. Bo	Kd 7271C
Tall FL City, State, and 2	FLORIDA 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..

Hegistered Agent's Signature

Page 1 of 2 (CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

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

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

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)