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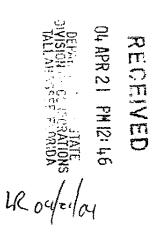
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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Chris Davis FLOOR COVERING 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:				
Chris Dauls (Name of Person)				
Chris Davis Floor Covering (Firm/Company)				
800 Broaday ST				
Tall A FLA. (City/State and Zip Code)				
For further information concerning this matter, please call: Charles Day 5 (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

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Chris Davis Floor Covering L'LC	ļuģ-	•••
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:	
Principal Office Address: Mailing Address:		
800 Brianday St 800 Brianday St		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:	C TAS	
Chris Davis	SECRETAR LLAHASS 04 APR 2	
Name	R21	-
Florida street address (P.O. Box NOT acceptable)	PH 12:	{C
TA114 FLA FL 32305	4:27	, T A T

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..

City, State, and Zip

Ming Dowis

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Chis Davis 800 Brianday St.
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(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)

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