

204000046451

Edward Reed / Jennifer
(Requestor's Name)

3523 Bahia Vista St.
(Address)

Sarasota, FL 34239
(Address)

ER92984930543
(City/State/Zip/Phone #)

941-954-9950

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Edward Reed
Special Instructions to Filing Officer: GAVE

AUTHORIZATION BY PHONE TO
CORRECT "MGRM"

DATE 6/21/04

DOC. EXAM Alt

Office Use Only



600036906866

Alt / JK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 11 AM 8:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
REEDS WOOD'S & LAMINATE FLOORING, LLC

ARTICLE II - Address:

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

Principal Office Address:

3523 Bahia Vista Street
Sarasota, FL 34239

Mailing Address:

3523 Bahia Vista Street
Sarasota, FL 34239

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

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

Edward Reed

Name

3523 Bahia Vista Street

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

Sarasota FL 34239

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 11 AM 8:55

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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MGRM"

Name and Address:

Edward Reed

3523 Bahia Vista Street

Sarasota, FL 34239

(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)