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TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE. FLORIDA

04 JUN 30 AM 11: 13

TO:

Registration Section
Division of Corporations

SUBJECT: AFFORDABLE CUSTOM Flouring + tile 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:

Benny F Kuy Kendall JR.

(Name of Person)

Affordable Cuctom Flooring a tiple LCC

(Firm/Company)

1704 NORMANDY BIND.

(Address)

7A11- F1. 32303

For further information concerning this matter, please call:

Benny F Kuykendall at 850 879-8860
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

AFFORDABLE CUSTOM Flooring & the 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:

1704 NORMANDY BUD TAHAHASSEE FI. 32303 1704 NOLMANDY BLUD TAHLAHASSEE FI. 32303

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

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

Benny F Kuy Kendall Je

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

TAIIAIIA SSEE FL 32303
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..

Ben Almald 13
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	ng Member(s): or Managing Member is as fo	FIL IISGGRETARY TALLAHASSI	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	04 JUN 30	AM 11: 13
merm	Benny F Ku 1704 MORMA TAMAHASSEE	Kenda Loy B Pl. 33	11 5K. 140. 2303
morn	SANDAGELY 4725 PRESTON TAMPHASSEE	Kendal Sonnsa Fy. 32:	
		,	
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is	requested.	
REQUIRED SIGNATURE:			
Signature of a member of	hyddd for ap authorized representative o	f a member.	

Filing Fees:

Benny F Kuy Kendal Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

\$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)

that the facts stated herein are true.)