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(R	equestor	's Name)
(A	ddress)	
A)	ddress)	
(0	ity/State/	Zip/Phone #)
PICK-UP	×	WAIT MAIL
(E	u s iness l	Entity Name)
(E	ocument	Number)
Certified Copies	_	Certificates of Status
Special Instructions to	o Filing O	fficer:
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Name Availability		
Examiner	DCC	e Use Only
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Acknowledgement	DCC	
W. P. Verifyer	DCC	



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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NATHAN'S FLOORING (Name of Lin	g Services, LLC mitted Liability Company)
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	
NATHAN BRADIEY DOM (Name OFFerson)	piege
NAHAN'S Fludking Seri (Firm/Company)	lices, LLC
7525 Woodville Hu	<u> </u>
TAllAhASSEE FL, 323 (City/State and Zip Code)	SECRE F
For further information concerning this matter, pleas	e call:
NATHAN'S Flusting Services	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	Om R
_	\$155.00 Filing Fee & CT \$160.00 Filing Fee
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ Certificate of Status	\$155.00 Filing Fee & Side Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Registration Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	is:	
NAthan's Flooring	Services, 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:	÷
7525 Woodville Hwy	SiAME	<u> </u>
TA HAMISSEP FL. 32305		<u> </u>
		
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signa	ture:
The name and the Florida street address of the	e registered agent are:	
NAHAM BRA	dley Dompresee	
Nan	ne_	-
7525 Woodvij	The Hwy	04 DI SECRE
- 11	P.O. Box NOT acceptable)	
TAMAMSSEE	FL 32305	STATE OF THE
Cny, State	e, and Zip	
Having been named as registered agent and to liability company at the place designated in the	his certificate, I hereby accept the appoint	iment as
registered agent and agree to act in this capacitatutes relating to the proper and complete paccept the obligations of my position, as registered.	performance of my duties, and I am familio	ar with and

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	NATHON Breadley Dompierro
	TAMPASSEE FL 32305
	SHCL SHCL
(Use attachment if necessary)	ust be added if an effective date is requested.
NOTE: An additional article mu	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	ist be added if an effective date is requested.
Addi	Dong Sella
Signature of a me	ember or an authorized representative of a member.

Filing Fees:

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

Typed or printed name of signee

\$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.)