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SECRETARY OF STATE
TALLAHASSEF, FI CRIDA

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#### TDANSMITTAL LETTED

	IKANSIVIII	IALLETIER	
TO: Registration Se Division of Co	ection rporations		
SUBJECT:		Flooring, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
·	Kenno L.	Knox	
	O	Name of Person)	
	Kenno Knox F		
	(	Firm/Company)	
	2161 Pa	alo Alto St.	
		(Address)	
		Florida 32566	
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Kenno L. Knox		at (850 ) 496-0408	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		OOH DE(
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Salus & Certified Copy (additional copy is encosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:

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

MICLES OF OMBANIZATION FOR	CLEORIDA EMITED EMBI	ERT COMPANI
ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:	
•	•	
Kenno Knox Flooring, LLC		
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
2161 Palo Alto Street	2161 Palo Alto Street	
Navarre, FL. 32566	Navarre, FL. 32566	<del></del>
		·
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent	t's Signature:
The name and the Florida street address of	the registered agent are:	
Kenno	L. Knox	
1	Name	
2161 Pa	lo Alto Street	
Florida stre	eet address (P.O. Box NOT acceptable)	
Navarre, Florida 32566 FL		
City, S	state, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered A	d in this certificate, I hereby accept pacity. I further agree to comply wiete performance of my duties, and I is registered agent as provided for in	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

# 2004 DEC 23 PM 12: SECRETARY OF STA

### 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	Name and Address:		
MGR	Kenno L. Knox		
	2161 Palo Alto Street		
	Navarre, Florida 32566		
MGRM	LaToya D. Loveless-Knox		
	2161 Palo Alto Street		
	Navarre, Florida 32566		
(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.)

Kenno L. Knox

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)