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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(D0	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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TRANSMITTAL LETTER

TO: Registration So Division of Co				
SUBJECT:		OOD FLOORS, LLC I Liability Company)		
	(14anie of Emilies	Liability Company)		
The enclosed Articles o	f Organization and fee(s) are su	ıbmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
		EN DESJARDINS		
	1)	Name of Person)		
	(1	Firm/Company)		
	10713	MAUI CIRCLE		
	<u></u>	(Address)		
		ERO, FL 33928		
	(City/	State and Zip Code)	-	و
For further information	concerning this matter, please	call:	SECH	FILEU 2:
			AGE T	FILED
WARREN DE		at (SE SE	00 1
(Name	e of Person)	(Area Code & Daytime To	elephone Number)	翌に
Enclosed is a check for	or the following amount:		LORIC	3.18
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	¥ 7 ° 1.
STR	EET ADDRESS:	MAILING A	DDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:
FANTASTIC WOOD F	LOORS, 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:
10713 MAUI CIRCLE	10713 MAUI CIRCLE
ESTERO, FL 33928	ESTERO, FL 33928
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	red Office, & Registered Agent's Signature:
	DESJARDINS
Nai	me
10713 N	MAUI CIRCLE
Florida street	address (P.O. Box NOT acceptable)
ESTE	RO _{FL} 33928
City, Stat	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S. and 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 "MGRM" = Managing	Name and Address: Member	
Wildian Wanneling	<u> </u>	
MGRM	WARREN DESJARDINS	
	10713 MAUI CIRCLE	
	ESTERO, FL 33928	
		
		•
(Use attachment if nece	ssary)	
NOTE: An additional	article must be added if an effective date is requested.	
REQUIRED SIGNAT	URE:	
	ure of a member or an authorized representative of a member.	
of this	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	1
	WARREN DESJARDINS	A.SE
	Typed or printed name of signee	
Filing Fees:	S. C.	TARY
\$125.00 Filing Fee for A	Articles of Organization and Designation	o ^r
of Registered .	Agent	
\$ 30.00 Certified Copy \$ 5.00 Certificate of S		≥ ``
J JAVO CERTIFICATE OF S	rana (Ohnona)	