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SECRETARY OF STATE
ALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Rep	gistration Se vision of Co	ection rporations					
SUBJECT:	JAMES N	MORRELL LLC (Name of Limite	d Liability Company)	····			
The enclose	d Articles of	f Organization and fee(s) are s	submitted for filing.				
Please return	n all corresp	ondence concerning this matte	er to the following:				
	DEBBIE	A. DEAN					
			Name of Person)	€ that € je	=; - (,, ,,,	المسالة	
SHARP C	CARPET &	CERAMIC TILE INC.	Firm/Company)				
		(rim/Company)				
2	617 MART	IN LUTHER KING JR., BL	VD.		•	ರೂ 9	
			(Address)	****		TO M	-11
	PANA	AMA CITY, FL 32405				R 18	il E
			/State and Zip Code)			SEC I	Z 'O
For further i	nformation	concerning this matter, please	call:			STATE	FILED 2 43
DEBBIE A.	DEAN		at (850) 769	9-8505			
	(Name	of Person)	(Area Code & Da	aytime Tel	lephone Number)	•
Enclosed is	a check fo	or the following amount:					
□ \$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing l Certified Copy (additional copy is encl		Certificate o Certified Co (additional cop	of Status & Opy	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	Regis Divisi P.O. I	tration Se ion of Co 30x 6327	rporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	and the second s	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
1129 - 13TH STREET	1129 - 13TH STREET	
SOUTHPORT, FL 32409	SOUTHPORT, FL 32409	
	and the second s	
The name and the Florida street address	ss of the registered agent are:	
	Name	, , ,
1129 - 13TH STREE	<u> T</u>	> S ⊆
	a street address (P.O. Box NOT acceptable)	OS A
	a street address (P.O. Box NOT acceptable)	LCR AP
Florid SOUTHPORT, FL 32	a street address (P.O. Box NOT acceptable)	<u> </u>

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	<u></u>
"MGR" = Manager "MGRM" = Managing Member		
MGRM	JAMES MORRELL	•
	1129 - 13TH STREET	· · · · · · · · · · · · · · · · ·
	SOUTHPORT, FL 32409	# 1
		— · · · · · · · · · · · · · · · · · · ·
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		_ <u></u>
		;
,		_ 1 -1 -1 AFF #\$1
		<u>-</u>
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested to	_
NOTE: An additional at time must	be added it an enective date is requested to	9
REQUIRED SIGNATURE:	CR NE	爱工
	TAF ASS	
	SER	8 m
Signature of a membe	er or an authorized representative of a member.	里口
of this document const	oction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury	2
*JAMES MORRELL	ped or printed name of signee	· · · · · ·
Ту	ped 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)