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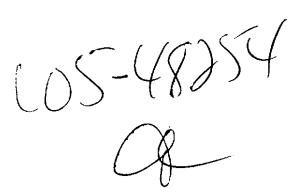
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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## TRANSMITTAL LETTER

Division of Co			
SUBJECT:F	OOR Covering	Center L	LC
	(1,010 )1 2,111		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
W.	chael J.	Abbruzze	
	(1	Name of Person)	
Floor	Covering Cent	er LLC	
	J	Firm/Company)	
352	North Fed	eral Hwy.	
		(Address)	
3	oca Raton	FL 33431	
	(City,	State and Zip Code)	
For further information	concerning this matter, please	call:	
Michael A	bbruzze of Person)	at (56) 704- (Area Code & Daytime Te	0671
		•	•
	r the following amount:		
\$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)
engva a	et amnece.		
STREET ADDRESS: Registration Section		MAILING AI Registration S	

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 is:

Floor Covering Center LLC

ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3521 North Federal Huy Boca Raton, FL 33431	3521 North Foderal Huy Boca Raton, FL 33431			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the remainder	egistered agent are:			
	ress (P.O. Box NOT acceptable)  FL 33426  and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as  I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Registered Agein	1 Allago TE			
(CONTINU Page 1 of 2	JED)			
ragerorz				

## 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	
MGR	Michael J. Abbruzze III 2585 SU 10th Circle Baynton Beach, FL 33426
MGR	Benjamin E. Hawk 2500 Highland Ave. Delray Beach, FL 33445
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member?	Alm 270 III.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)

J. Abbru22e
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)