L05000064528

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Constitue of Constitue	O. M. Faataa	-£ C\-\-
Certified Copies	_ Centificates	or Status
	Fig Off	
Special Instructions to Filing Officer:		
		}
	· ;	
· · ·		-
* * -		
-	Office Use Only	•
	•	



400054902934

05/25/05--01045--016 **125.00

TOS JUN 29 P 2: 2:
SECRETARY OF STATE
SECRETARY OF STATE

Sull 14

TRANSMITTAL LETTER

(Name of Limited Liability Company)

LOOPCOVERING

TO:

SUBJECT: _

Registration Section Division of Corporations

Tallahassee, Florida 32399

The enclosed Articles of Organization and fee(s) are su	abmitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
_ JEH DORY	Vame of Person)		
JD FLOORCOVER	ZING "irm/Company)		
,-	company		
3361 MILLICREST	-DR		
	(Address)	<u></u> _	
JAX, FLA. 3			
(City/	State and Zip Code)		
For further information concerning this matter, please of	call:		, - <u></u>
JAF DURY	7/2 749.	720部 富	-
(Name of Person)	at (// 2) Z-44. (Area Code & Daytime To	elephone Number)	
Enclosed is a check for the following amount:		29 ARY C	
□ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING A		
Registration Section Division of Corporations 409 E. Gaines Street	Registration S Division of Co P.O. Box 632	orporations	

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 3, 2005

JEFF DORY JD FLOORCOVERING 3361 MILLCREST DR JACKSONVILLE, FL 32277

SUBJECT: JD FLOORCOVERING Ref. Number: W05000027715

We have received your document for JD FLOORCOVERING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 805A00039546

Division of Compositions D.O. DOV 6297 Tollahaman Florida 20214

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: COORCOVERING LC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: 3361 MILLCLEST DR Florida street address (P.O. Box NOT acceptable) TAX FL City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and

(CONTINUED)

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

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	r or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	JEFF DORY 3361 MITICKEST DR JAX, FC. 32277
	3361 MITTICKEST DR
	JAX, FC. 32277
	
,	
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	CEC 2005
THE CALLED MANIFESTER	AHE S
Qells (SECRETARY LLAHASSE
Signature of a member of	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.)

7 C. Doly
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)