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(Requestor's Name)	
	Address)	
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(1	Business Entity Name)	
(Document Number)		
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PERSONNERS OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Carthey Jones (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cortney Jones (Name of Person)	· -	
CJ5 Flooring (Firm/Company)		
(rim/Company)		
948 Balkin Rd (Address)		
(Address)	,	
Tallahassee Fl. 32307 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (\$50) 545-7736 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Status S130.00 Filing Fee Status Certified Copy (additional copy is enclosed) S160.00 F Certified Copy (additional copy is enclosed)	Status &	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision 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:			
CJ'S Hooring 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:		
July Ballain Ad. Tallahassee, Fl. 32302	<u>come</u>		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:			
Mortney Jones Name			
Florida street address (P.O. Box NOT acceptable)			
Tollahassee FL 32302 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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SEURE INNY OF SEAL ORIGINAL

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MCRM	Cartney Jones 948 Balkin Rd. Tall-haser Fl. 32302
(Use attachment if necessary)	
REQUIRED SIGNATURE:	added if an effective date is requested.
2 Has Jun	r an authorized representative of a member.
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Corty	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)