LOS 0000 74484

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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OS JUL 29 FN 2-00
DIVISION OF CHARLORATION

TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT:	10 Ring Floo (Name of Limited	FING LLC I Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Carl (Rusk III	
	10 king Floo	Sring L/C	TALLAND JU
	136 Fg	Hwood Ln.	L 29 PM
	Crautordu (City/s	(Address) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLORIDA
For further information of	concerning this matter, please c	all:	
(Name	of Person)	at ()(Area Code & Daytime Te.	lephone Number)
·	r the following amount:	(. 200 000 00 000)	
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING AI	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:	
10 Ring Flooring 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:	
134 Fallwood Ln. Same Crawford willer FL 32327	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	n
The name and the Florida street address of the registered agent are:	7
134 Fallwood Ln	
Florida street address (P.O. Box NOT acceptable) Crowfordville, FL 32327 City, State, and Zip	
City, State, and Exp	

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

<u>Title:</u> "MGR" = Manag "MGRM" = Manag		Name and Address:		
MGLW	aging Member	Carl C. Rusk 75 134 Fallrood La. Crawford ville, FC 32327		
			<u> </u>	
		>	05	
(Use attachment i	if necessary)	HASSEE, FL	UL 29 PH 2	
NOTE: An add	itional article must be	added if an effective date is requested.	2: 10	***
REQUIRED SIG	Signature of a member of	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury		
		C. Kusk <u>Ita</u> I 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)