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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

| To: Registration Section Division of Corporations | | | |
|--|---|--|--|
| · | | | |
| Subject: Amador Flooring, LLC | | | |
| Name of Limited | Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please return all correspondence co | oncerning this matter to the following: | | |
| Joyan A. Tuakar CDA | | | |
| <u>Joyce A. Tucker, CPA</u> (Name of Person) | | | |
| (Name | or r crsony | | |
| Destin Accounting Service, LLC | | | |
| (Firm/Company) | | | |
| (| | | |
| 1234 Airport Road Suite 118 | | | |
| (Address) | | | |
| | | | |
| Destin, FL 32541 | | | |
| (City/State and Zip Code) | | | |
| | | | |
| For further information concerning this mat | tter, please call: | | |
| Arturo O. Amador at | (205) 586-0855 | | |
| (Name of Person) | (Area Code & Daytime Phone Number) | | |
| | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| 409 E. Gaines Street | P.O. Box 6327 | | |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Amador 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:

610 Pine Cone Cove Niceville, FL 32578 610 Pine Cone Cove Niceville, FL 32578

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Arturo O. Amador Name

610 Pine Cone Cove Florida street address (P.O. Box NOT acceptable)

Niceville, FL 32578
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 registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

(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:

"MGR" - Manager

"MGRM" - Managing Member

MGRM

Arturo O. Amador 610 Pine Cone Cove Niceville, FL 32578

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member 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.)

Arturo O. Amador
Typed or printed name of signee

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