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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		_
SUBJECT: George Saska F. (Name of Limite	d Liability Company)	.L. C.
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
George A. Sas	Name of Person)	<del></del>
George Saska Floores C	Succing Firm/Company)	
1533 N. Mission R.	(Address)	
Tallahassee, FL.	32304 /State and Zip Code)	<del> </del>
For further information concerning this matter, please	call:	
(Name of Person)	at (850) 544- (Area Code & Daytime Tel	5954 ephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Status \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING AI Registration Se Division of Co P.O. Box 6327	ection rporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

George	Saska	Floor	Coverina	L.L.C.			
			J				
ARTICLE II - The mailing add		eet address	s of the principa	l office of th	ne Limited I	Liability Com	pany is:

ARTICLE I - Name:

Principal Office Address:

The name of the Limited Liability Company is:

1533 N. mission Rd.		
Apt. ccb	Sane	
Tallahassee FL. 32304		

Mailing Address:

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

The name and the Florida street address of the registered agent are:	05	
George A SASKA JA	AUG 11	
1533 N. mission Rd Tallahussee El 32300	5 PH!	
Florida street address (P.O. Box NOT acceptable)  FL  City, State, and Zip	12: 49	السيوبة

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	1533 N. MISTEN R.J. TAPALASSOC FL 32804
M	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
NOTE: An additional article m	ust 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.)

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)