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(Requestor's Name)			
(Address)			
(Address).			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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	TRANSMIT	TALLETTER	
TO: Registration Se Division of Cor			
SUBJECT:	International Floo	ring Contractors, LLC	
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are sa	abmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
		ohn Hanna	
· · ·	(1)	lame of Person)	
	•		TASE OF
•	International Floo	iring Contractors, LLC	500
	O	Firm/Company)	
			85.4
	3739 F	rin Brook Dr.	R 2
	VI CA L	(Address)	705
		,	WILL CO
	New Port	Richey, FL 34655	•
		Sinte and Zip Code)	······································
	•		
For further information	concerning this matter, please	call:	
Jahn	Hanna	at (727) 2	£7-649 0
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	r the following amount:		
Ø \$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 A	ADDRESS:

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:

Internationa	al Flooring Contractors, LLC	
ARTICLE II - Address:		abilita Cammana in
The mailing address and street addres	ss of the principal office of the Limited Lia	aomiy Company is:
Principal Office Address:	Mailing Address:	
3739 Erin Brook Dr.	3739 Erin Brook Dr.	7 0
New Port Richey, FL 34655	New Port Richey, FL 34655	- 1
ARTICLE III - Registered Agent, I	Registered Office, & Registered Agent's	Signature:
The name and the Florida street addre	ess of the registered agent are:	1 2: 23 FLORIE
	REFE 23	
	Name	>
	39 Erin Brook Dr.	
37		*
	ida street address (P.O. Box NOT acceptable)	
Flori	ida street address (P.O. Box <u>NOT</u> acceptable) Port Richey, _{FL} 34655	

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

Title: "MGR" = Manager "MGRM" = Managing Member MGRM John Hanna: 3739 Edn Brook Dr. New Port Richay, FL 34655 AUG 15 PM 15

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

John Hanna
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)

that the facts stated herein are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

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