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PICK-UP	<b>WA</b> IT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

7. Styners SEG 30 Sign

# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: Down	4 Life Flooring, LL (Name of Limited	C I Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Brocton N			
_		Name of Person)	
Down 4 L	ife Flooring, LLC	Firm/Company)	
3200 Old	·	• • •	
3200 Old	l Winter Garden	(Address)	
Ocoee. F	L 34761		
<u> </u>		State and Zip Code)	
For further information	concerning this matter, please	cali:	
Brocton Heath		at ( 321 ) 297-811	
(Name	of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee SC SC Certificate of Status & SE SC Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	D PM 12: 02 OF STATE EE, FLORIA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
Down 4 Life Flooring, LLC	
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3200 Old Winter Garden Road, #1817	3200 Old Winter Garden Road, #1817
Ocoee, FL 34761	Ocoee, FL 34761
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration and active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Brocton M. Heath	en Road, #1817  ddress (P.O. Box NOT acceptable)  FL 34761 , and Zip
Nam	ARE P
3200 Old Winter Gard	en Road, #1817
1-11-1-11-11-11-11-11-11-11-11-11-11-11	idress (P.O. Box NOT acceptable)
Ocoee	FL 34761
City, State,	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)
Page 1 of 2

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

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

"MGRM" = Managing Member	
Manager	3200 Old Winter Garden Road, #1817
	Ocoee, FL 34761
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAl st be specific and cannot be more than five business days

### **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.)

Brocton M. Heath

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)