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SECRETARY OF STATE

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COVER LETTER

Division of Co			
SUBJECT: Bay A	rea Floorcoverings,	LLC	
Sobsticit.		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Christoph	er Whitesell		
		Name of Person)	
		Firm/Company)	
4004 DL		rini Company)	
1684 Pali	m Leaf Drive	(Address)	
Brandon	Florida 33510	(
<u>Didiaon,</u>		/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please	call:	
Christopher Wh	nitesell	at (813) 362-674	2005 17ALL
(Name of Person)		(Area Code & Daytime To	SECRETAR) SECRETAR) ALL (AHASS)
Enclosed is a check for	or the following amount:		ARY ASSE
\$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, Certificate of Status & w 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ··

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Con	npany is:
Bay Area Floorcoverings, LLC	
	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1684 Palm Leaf Drive	1684 Palm Leaf Drive
Brandon, Florida 33510	Brandon, Florida 33510
ADTICI F III - Pagistared Agent D	egistered Office, & Registered Agent's Signatore:
	own Registered Agent. You must designate an individual of another
The name and the Florida street addres	230
Christopher White	esell <u>T</u> A 2

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..

Florida street address (P.O. Box <u>NOT</u> acceptable)

FL 33510

Registered Agent's Signature (REQUIRED)

Name

City, State, and Zip

1684 Palm Leaf Drive

Brandon

(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:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	Christopher Whitesell		
· .	1684 Palm Leaf Drive		
	Brandon, Florida 33510		FT TT
		– .	
			
			
		- ,	
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		_	-
		_	,
			
(Use attachment if necessary)	_	~ 3	
(· · · · · · · · · · · · · · · · · · ·	ALI SE	965	
ARTICLE V: Effective date, if other than the o		ONAL)	
	specific and cannot be more than five busines	s days pı	rior 🕳
to or 90 days after the date of filing.)	Sax -	ف	-
	<u> </u>	P	
REQUIRED SIGNATURE:		င္မ	
	RATE		
11 . 9	131	-1	
Cleur 2	Aterell		
Signature of a member	or an authorized representative of a member.		
(In accordance with sect of this document constituent that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)		
Christopher Whitese	ell		
	ed 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)