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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

2005 DEC 29 PH 2: 30





## **COVER LETTER**

TO: Registration So Division of Co					
SUBJECT: FLOO	RING UNIVERSAL SE (Name of Limite	ERVICES L.L.C. ed Liability Company)		,	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
PEDRO	A. GOMEZ				<b>.</b>
	•	(Name of Person)	antique.		
FLOORIN	G UNIVERSAL SERV	ICES L.L.C.			
	,	(Firm/Company)			
	AWANA AVENUE		· · ·	<u>.</u>	· _=
		(Address)			
TAMPA.	FL. 33614	ر برور در مورد در مورد در ایران از ایران در از از از از از از		2004	IAID
	(City	/State and Zip Code)		) Jag	SION
For further information	concerning this matter, please	call:		DEC 29 F	ETARY C
AMEDAL BODAY	70	at (813) 962-4	598	.⊒ <del>č</del> >>	P0:5
ANIBAL ROBAY	of Person)	(Area Code & Daytime	: Telephone Number)	PN 2:30	
Enclosed is a check for	or the following amount:			~	<del>,</del>
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of State Certified Copy (additional copy is end	us &	
	Mailing Address Registration Section	Street/Courier Add Registration Section	r <u>ess</u>		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
FLOORING UNIVERSAL SERVICES L (Must end with the words "Limited Liability Company, "Limit				
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
TAMPA, FL. 33614	7414 ARAWANA AVENUE TAMPA, FL. 33614			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	1 Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another			
The name and the Florida street address of the 1	registered agent are:			
PEDRO A. GOMEZ Name	2005 DEC			
7414 ARAWANA A	VENUE 29 CR			
	dress (P.O. Box NOT acceptable)			
TAMPA	FL 33614			
City, State, a	and Zip			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and estend ogent as provided for in Chapter 608, F.S			

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

01-01-04

## 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			
WORW — Wanaging Womoer			
MGR	PEDRO A. GOMEZ		
	7414 ARAWANA AVENUE		
	TAMPA, FL. 33614		
	2005 2005		
	DEC		
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	<b>PH</b> 유명 등		
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(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the	date of filing: 1/1/06		
	e specific and cannot be more than five business days prior		
to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:	// (/		
	16 2 V		
	MXAL		
Signature of a member	or an authorized representative of a member.		
•	-		
(in accordance with sec of this document consti- that the facts stated he	ction 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)		
	OMEZ		
Тур	ped 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)