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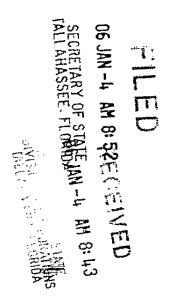
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Ooring by (Name of Limited	Ecimo H Liability Company)	·
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
PRIMO	>		
	(1	Name of Person)	2
Flooring)	6 JAN
	(Firm/Company)	858
7139	Jhon Wagne	ct (Address)	For 3
TAILAHA	SEE FL 32	2305 State and Zip Code)	ORIGE OR OF
For further information c	oncerning this matter, please o	all:	
Primo F	of Person)	at ()(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	r the following amount:		
\$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)
	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	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	FLORE THE STATE OF
(Must end with the words "Limited Liability Company, "Limited	I Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7139 Then wayne Ct TAllahaser F1 32305	7139 Jhon Wayne Ct THUAHASEE FI 32305
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Primo Rico Name	
7139 Jhon Woyne Florida street addr	ess (P.O. Box NOT acceptable)
TAlla hasee 1 City, State, ar	FL 39305 d Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
Prima Rico Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Primo Ricol 7139 Thon Wayne Ct TATIGHESSEE F1 32305
	
	SE CHE
	SAR EFF
(Use attachment if necessary)	ORIDA
LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTION be specific and cannot be more than five busing
Signature of a member	or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)