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DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 2 Sisters Floori	ng LLC . imited Liability Company)		
The enclosed Articles of Organization and fee(s)	are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Michelle Cote			
	(Name of Person)		
2 Sisters Flooring	UC	2000	DIVI
	(Firm/Company)		OSS 103.
	<u> </u>	20	× €
13391 Maunau Loa	Court	22	PAR COR
	(Address)	MAR 22 PM	움이는
C			9 2 2
Spring Hill, FL. 34	609	<u></u>	A
U ,	(City/State and Zip Code)	ည	25
For further information concerning this matter, pl	ease call:		
Michelle Cote (Name of Person)	at (352) 428 - 6737 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Dayume Telephone Number)		
Enclosed is a check for the following amount			
\$125.00 Filing Fee Status \$130.00 Filing Fee Certificate of Status	e & \$\begin{align*} \\$155.00 \text{ Filing Fee & } & \$\begin{align*} \\$\$160.00 \text{ Filing } \\ \text{Certificate of State} \\ \text{(additional copy is enclosed)} \end{align*} \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{align*}	us &	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Z Sisters Flooring LLC (Must end with the words "Limited Liability Company, "Limited Company)	y" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Maili	ng Address:
34689	ang Hill , FL. 34609
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agen business entity with an active Florida registration.)	& Registered Agent's Signature: t. You must designate an individual or another
The name and the Florida street address of the registere	d agent are:
Michelle Cote	2 FA
13391 Mauna Log (Florida street address (P.O	Court Room
Spring Hill FL City, State, and Zip	Box NOT acceptable)
Having been named as varietaved agout and to accent	aming of munning for the above start of limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2

3-82-06

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Michelle Cote 13391 Mayna Loa Court Spring Hill, FL. 34609	- -	
MGR	Cendrine Tremblay 13391 Maunau Law Court Spring Hill, FL. 34609	- - -	
		2006 MAR 22	MOISIAID Baas
			ETARY OF S
(Use attachment if necessary)		PH 4: 05	Alle
	date of filing: _ March 20,2006 (OPTIC specific and cannot be mire than five business)NAL	

ARTIC (If an ef to or 90

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.)

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)