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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THINH T. PHAN FLOOR COUERING (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
THINH T. PHAN (Name of Person)
Thinh T PHAN Floor Covering LLC (Firm/Company)
1533 Regal Wist Loop (Address)
Trinity, Ft. 34655 (City/State and Zip Code)
For further information concerning this matter, please call:
THINH PHAN at (727) 467-4042 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\int \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, DOVER TO A	
ARTICLE I - Name: The name of the Limited Liability Company is:	3 3 1 S DATE
Must end with the words "Limited Liability Company, "Limited	COUCRING LLC ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1533 Regal Mist toop Trinity 171. 34655	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interest address of the interest address.	nered Agent. You must designate an individual or another registered agent are:
THINH PHI Name	
	MIST LEOP dress (P.O. Box <u>NOT</u> acceptable)
Trinity City, State,	FL34655 and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ture (REQUIRED)

(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:

"MGR" = Manag "MGRM" = Man		Name and Address:	
MGRM - Mai	maging Member	KEITH Namen 1607 Regal Mist Los Trivity FI 34655	
MGR	enna e	TAYE CAO 1533 Recal Mist Loop Trinity F1: 34655	
	· · · · · · · · · · · · · · · · · ·		٠

	date, if other than the da	te of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	late of filing.)		
0 days after the d	late of filing.) IGNATURE:	r an authorized representative of a member	
0 days after the d	GNATURE: Signature of a member o	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury oin are true.)	

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)

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