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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: SUPERIOR PLUS CARPET & TILE, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
Shannon	·-·· -· · · · · · · · · · · · · · ·			
	(1	Name of Person)		
Rosier & 0	Company, PA			
	(Firm/Company)		
1838-B J	aclif Court			
		(Address)		
Tallahassee, FL 32308				
(City/State and Zip Code)				
For further information of	concerning this matter, please	 call:	-	
Justin Swaine		at (850) 386-55	19	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	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 Addres 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	mpany is:
SUPERIOR PLUS CARPET & TI	
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
834 Alliegood Ct	1838-B Jaclif Court
Tallahassee, FL 32303	Tallahassee, FL 32308
7-5-4	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another .)
The name and the Floride street address	

The name and the Florida street address of the registered agent are:

Justin Swaine Name

1838-B Jaclif Court Florida street address (P.O. Box NOT acceptable)

FL 32308 City, State, and Zip Tallahassee

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 np position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Justin Swaine 834 Alliegood Ct Tallahassee, FL 32303
	**
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: 06/22/2006 (OPTIONAL) to be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	. 10.

ignature of a member of 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)