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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MS Flooring C.C.C. (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:
Musila Seixlack (Name of Person)
(Name of Person)
MS Flooring LL.C. ((Firm/Company)
(Firm/Company)
2201 Scenic Hwy #K3 (Address)
Pensacola, FL 32503 (City/State and Zip Code)
For further information concerning this matter, please call:
Murile Seixlack at (850) 554-5093 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\times\$

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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MS Flooring L.L.C. (Must end with the words "Limited Lightity Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2201 Scenic Huy #K3 Pensacala, FC 32503	2201 Scenic Hwy #K3 Pensacula, FL 32503
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individualist spother.
The name and the Florida street address of the re	egistered agent are:
MURITO Se	eixlack Ex -
	ress (P.O. Box NOT acceptable)
Pensacolo, City, State, a	FL 32503 nd Zip
Having been named as registered agent and to a	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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Murila Seixlack
	2201 Ocenic Hwy #K3
	Pensacula, FL 32503
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