L06000119007

(Re	questor's Name)		
(Ade	dress)		
(Add	dress)		
(Cit	y/State/Zip/Phone	, #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do:	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

Division of Corporations
SUBJECT: Lighthouse floor Covering (Name of Limited Liability Company)
(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:
Charles F Johnson (Name of Person)
(Name of Person)
· Lighthou Hor Covey (Firm/Company)
(Firm/Company)
1008 1/2 W. Broad Ave (Address)
(Address)
Alby Gu 3/70/ (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Charles Johnson at (229) 343-3978 (Name of Person) (Area Code & Daytime Telephone Number)
(Area Code & Daytine Telephone Number)
Enclosed is a check for the following amount:
ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) γ \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "LC.,")
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:
1008 1/2 W. Broad Ave Alby Gn 31701	156 wyww Or Alby Gu 31705
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Flooring Ameri	6 DEC T
2730 NE Ca Florida street add	ress (P.O. Box NOT acceptable)
Tallahusa City, State, a	FL 3230/ ORD
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

Registered Gent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:	-	ne and Address:	
"MGR" = Manage "MGRM" = Mana			
m G-R p		Charles F Johnson 1008 1/2 W. Brond Ave Alby G. 31701	
•			
a'			
(Use attachment i			
TICLE V: Effective of an effective date is list or to or 90 days after REQUIRED SIC	sted, the date must be spec the date of filing.)	filing:	(OPTIONAL) n five business days
	Alem		Acc
	Signature of a member or an au	ithorized representative of a memb	OS DE
	that the facts stated herein are t	,	ASSERT L
	Chala 12 Typed or pri	nted name of signee	PMIZ: 42
Filing Fees:		 "	RIDA PA

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