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(Requestor's Name)	 ,
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(Business Entity Name) '	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOHN'S CARPET & TILE CLEANING L.C.Co, (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:
JOHN GRIFFITH SR. (Name of Person)
JOHN'S CARPET & TILE CLEANING L.C.CO. (Firm/Company)
(Firm/Company) STATE OF THE ST
WAPLES, FL. 34113 (City/State and Zip Code)
For further information concerning this matter, please call: EFFECTIVE DATE 3-10-15
TOHN GRIFFITH SR. at (239) 775-0306 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
JOHN'S CARPET & TILE CLE (Must end with the words "Limited Liability Company, "Limited Comp	pany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address: Mai	iling Address:
S313 WARRENST. NAPLES FL. 34113	5313 WARREN STAGE TO SALLES, FL. 3411 30 3
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentius business entity with an active Florida registration.)	ee, & Registered Agent's Signature:
The name and the Florida street address of the register	red agent are:
JOHN GRIFFITH Name	-1 SR,
5313 WARREN Florida street address (P	ST. EFFECTIVE DATE 3-13-C
NAPLES FL City, State, and Zip	341/3
Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete perform accept the obligations of my position as registered	rtificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	DELORIS GRIFFITH 5313 WARREN ST. NAPLES, FL. 34113
*	
·	O7 MAR 16 A SECRETARY OF ALLIANASSER
	AM II: 20 FINITE PLOPIDA THE
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: $3-/3-07$. (OPTIONAL) be specific and cannot be more than five business days prior

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.)

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)