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## **COVER LETTER**

TO:

Registration Section

Division of	f Corporations
SUBJECT:	FLOOREVER LLC
	(Name of Limited Liability Company)
	Post of the second of the seco
The enclosed Articl	(Name of Limited Liability Company)  les of Organization and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  John Edward Bartels  (Name of Person)
Please return all cor	rrespondence concerning this matter to the following:
<u> </u>	John Edward Bartels (Name of Person)
	(Name of Person)
	Ÿ.
	(Firm/Company)
	(22 0 ( (+
	4993 Redgum C+ (Address)
	Tallahasse, Florida 32303
	(City/State and Zip Code)
For further informa	ation concerning this matter, please call:
John	Name of Person) at ( 950 ) 536 7202  (Area Code & Daytime Telephone Number)
(1	Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a che	eck for the following amount:
\$125.00 Filing F	Fee p \$130.00 Filing Fee & p \$155.00 Filing Fee & p \$160.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	ASECRETARY &
PLOOPEVER LLC	75.72
(Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address;	ONE ON
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6993 Redaum Ct	6993 Redgum ct
6993 Redgum (+ Tallahasse Florida 32303	Tallahasse Florida
32303	32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
John Ldwa Name	ard Bartels
6993 Red 91 Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Ta lla ha 55 CC City, State, ar	<u>FL 32303</u> nd Zip
liability company at the place designated in the registered agent and agree to act in this capacit	ccept service of process for the above stated limiteries is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with

d and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent'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:

<u>Title:</u> "MGR" = Ma "MGRM" = N	inager Managing Member	Name and Address:
_MGK		John E. Barbels 6993 Redgum c+ Tal. Fla 31303
	· · ·	
(Use attachme	ent if necessary)	
FICLE V: Effect in effective date	ive date, if other than the	st be specific and cannot be more than five business
FICLE V: Effect in effective date ir to or 90 days a	ive date, if other than the is listed, the date muster the date of filing.)	st be specific and cannot be more than five business of
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FICLE V: Effect an effective date or to or 90 days a	ive date, if other than the is listed, the date muster the date of filing.) SIGNATURE:	st be specific and cannot be more than five business of
FICLE V: Effect an effective date or to or 90 days a	ive date, if other than the is listed, the date muster the date of filing.)  SIGNATURE:  Signature of a member of this document content that the facts stated	st be specific and cannot be more than five business of the specific and cannot be more than five busi
FICLE V: Effect an effective date or to or 90 days a	signature of a member of this document control that the facts stated	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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

- \$ 5.00 Certificate of Status (Optional)