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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John Farell FLOORING L.L.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:
John Charles Farrell (Name of Person)
John Farrell Flooring LLC
13847 County Road 109 D
Lady Lake FL 32159 (City/State and Zip Code)
For further information concerning this matter, please call: ANGE CALLER ANGE OF THE PROPERTY
John C. Farrell at (352) 617 - 8173 5 5 (Area Code & Daytime Telephone Number) The Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\begin{align*} \begin{align*} \text{\$130.00 Filing Fee & } & \begin{align*} \text{\$155.00 Filing Fee & } & \begin{align*} \text{\$\$160.00 Filing Fee,} \\ \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} & \text{(additional copy is enclosed)} \end{additional copy} \]
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Compan	nv is:
John Famell F	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13847 County Road 109 Lady Lake 1 FI 32159	D <u>same</u>
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Tohn Company	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)