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(Requestor's Name)	-			
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23 PM II SUPERIOR OF

DIVERNATION OF STATE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Mike Rancourt Father's and Son Flooring Technician LLC (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:					
Michael Rancourt (Name of Person)					
Mike Rancourt Father's and Son Flooring Technician LLC					
18923 Blountstown Hwy \$					
Tallahassee 7/ 32310 (City/State and Zip Code)					
, , , , , , , , , , , , , , , , , , ,					
For further information concerning this matter, please call:					
Michael Lancourd at 850 575 6461 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & } \text{\$155.00 Filing Fee & } \text{\$\$160.00 Filing Fee, } \text{\$\$Certificate of Status & } \text{\$\$Certified Copy (additional copy is enclosed)} \$\$					
Mailing Address Street/Courier Address					

Registration Section 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

ARTICL	\mathbf{E}	I	- N	ame	:
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The name of the Limited Liability Company is:

Mike Rancourt Father's and Son Flooring Technician LLC
(Must end with the words "Limited Liability Company," L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

}

. . .

Principal Office Address:	Mailing Address:
18 923 Bloundstown Hay Tallahassee 71 32310	18923 Blowntstown Hwy Talkahassee 71 32310
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or mother
Name 18923 Blountstown Florida street add Tallahasse City, State, a	iress (P.O. Box NOT acceptable)

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 (REOURED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Manage The name and address of each Manage	
Title: "MGR" = Manager "MGRM" = Managing Member MGC 0.00	Michael Rancoulf 18923 Blountstown Ltwy Talkhasee + 32310
mgrm	James D hedendecker 2431 W Pensserla TAII PC 32304
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1
Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated he	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury erein 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)