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(Cit	ty/State/Zip/Phone	<u>,                                    </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TAL DIVISION OF CORPORATIONS TALLAMASSEE, FLORIDA

AUG-7 PM 2: 36SECNETARY OF STA

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
		Floor Covering
SUBJI		HINIAIIN LLC
	(Name of Lim	ited Liability Company)
The en	sclosed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Shawn WAIKER	
	CHINAL DO HITHE	(Name of Person)
	14/21/1 a: I dolla	1. 1. 0
	WAIKAR'S Install	(Firm/Company)
	01 01	Ç,
	367 Kidgi Kd	
		(Address)
	Taiso GA 3	9827
	(C	ity/State and Zip Code)
	rther information concerning this matter, plea	se call:
5	NAWN WAKER (Name of Person)	at (229) 377-9600
<u>~,</u>	(Name of Person)	at ( 229 ) 377-9600 (Area Code & Daytime Telephone Number)
_	sed is a check for the following amount:	_/ _
\$125	.00 Filing Fee \$\times \text{130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
	Certificate of Status	(additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
	Mailing Address	Street/Courier_Address
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	7 anana3500, 1 D 32317	Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
WAIKER'S FASTATIONS (Must end with the words "Limited Liabil	116.
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
267 Ridge Rd	Same,
- 1 th 1 t	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
1409 Co/E	m on St.  dress (P.O. Box NOT acceptable)
Tollshasse City, State, a	0-1
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

	Manager(s) or Managing Member(s): dress of each Manager or Managing Member is as follows:
Title: "MGR" = Manaş "MGRM" = Mar	
MELM	Shawn Walker 267 Pidge Rd. Caido GA 39827
MARM	Lolenzo Draggs 690 Copyland Alle. S.W Caile Go 39828
<u>M</u> GM	Wolfed Spence JR. 131) 6th AVE N.W. Caille Gr 39828
(Use attachment ARTICLE V: Effective (If an effective date is lis to or 90 days after the days	date, if other than the date of filing:
REQUIRED SIG	GNATURE:
	Maux Walku Signature of a member or an authorized representative of a member of
	(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	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

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