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(Re	equestor's Name)	··-
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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2007 OCT 30 PH 2: 31 SECRETARY OF STATE



ACCOUNT NO. : 072100000032
REFERENCE : 279045 7613502
AUTHORIZATION: Spelbble man
COST LIMIT : \$ 125.00
ORDER DATE: October 18, 2007
ORDER TIME : 10:10 AM
ORDER NO. : 279045-011
CUSTOMER NO: 7613502
DOMESTIC FILING
NAME: BEAR-BRYAN FLOORING, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Debbie Skipper - EXT. 2948
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IRTICLES OF ORGANIZATION FOR F	LORIDA LIVITED LIA	BILAT Y	COM	PANY
ARTICLE I - Name: The name of the Limited Liability Company is	::			
BEAR-BRYAN FLOORING, LLC				
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limite	d Liabilit	y Com	pany is:
Principal Office Address:	Mailing Address:			
621 WOOD DUCK COURT	SAME			
ST. CLOUD, FL 34772				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Corporation Service Co	registered agent are:			
Name				
1201 Hays Street				
	ddress (P.O. Box NOT acceptable)		
Tallahassee	_{FL} 32301			
City, State,	and Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby acce ity. I further agree to comply performance of my duties, and istered agent as provided for	ept the app with the p I I am fam	oointme provisio iliar wi	ent as ons of all ith and
Corporation Service C	Company			
BY: Deliorah D	Skipper	:5!	F-3	
Registered Agent's Signa De	borah D. Skipper Asst. V. Pres.	SECRETARY OF	2007 OCT 30 P	The second secon
Page 1 o		F 6	PH 2	7 - 4

ARTICLE IV- Manager(s) or Managing Member(s):	ARTICLE	IV-	Manager	s) or	· Managing	Member	(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: 1ember
MGRM	BRYAN MCGINLEY 621 WOOD DUCK COURT ST. CLOUD, FL 34772
MGRM	RICHARD HEBERT 1024 STANDBOY STREET APOPKA, FL 32712
(Use attachment if neces	sary)
	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)
REQUIRED SIGNATU	JRE:
(In acco	Bryan McGinley re of a member or an authorized representative of a member. ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury
that the	he facts stated herein are true.) AN MCGINLEY, MGRM
	Typed or printed name of signee

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)