07000 117681

Floor Covering Services, Two (Requestor & Name)		
9221 Mill Circle		
(Address)		
(Address) Tanpa + 7 33647-2821 (Olty/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



300112104133

11/21/07--01014--018 **125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CORNELIUS BALK (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
209 SARANAL LANE ST. AUGUSTINE FL. 32086	ST. Augustine FL. 32086
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
CORNELIUS B Name	BALK TR.
209 SARAN Florida street add	O A C LANE ress (P.O. Box NOT acceptable)
St. Augustine City, State, as	FL 32086 nd Zip
Having have named as registered agent and to a	count service of process for the above stated limit

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

is:

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

The name and address of each Manager or Managing Member is as follows:

CORNELIUS BALK JR.
CARNEL W ROLK TO
209 SARANAC LA. ST. Augustine FL 32086
ate of filing: (OPTIONAL) specific and cannot be more than five business days prio

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.)

CORNELIUS BALK JR.

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)

07 NOV 21 PM 12: 32