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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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DEPARTHENT OF STATE VISION OF CORPORATION ALLAHASSEE, FLORIDA

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COVER LETTER

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то:	Registrati Division o	on Section f Corporations	s		
SUBJE	ECT:	Floors	EtC,	ed Liability Company)	
			(Name of Limite	ed Liability Company)	
The en	closed Articl	es of Organizat	tion and fee(s) are s	submitted for filing.	
Please	return all co	rrespondence co	oncerning this matte	er to the following:	
	R	oy Rog	ers Fr.	(Name of Person)	
))		(Name of Person)	
				(Firm/Company)	
		<i>.</i>	•	(i ii ii a company)	
	<u>27/</u>	5 E.6th	ρι.	(Address)	
	F	hnana-	FL.	3240 5	
	_ 		(Cit	3240 € y/State and Zip Code)	
For fur	ther informa	tion concerning	g this matter, please	call:	
		Name of Person)		at ()(Area Code & Daytime T	Nachana Number
	((Name of Person)		(Area Code & Daytime 1	etephone (vulnoet)
Enclo	sed is a che	ck for the foll	owing amount:		
□\$125	.00 Filing F		00 Filing Fee & icate of Status	155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
		Registra Divisio P.O. Bo	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
(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 Add	<u>lress:</u>			
2715 East 6th Place 2715 PANAMA City H. PANAM 32400 3	Enst 6th Place a City F1, 2408			
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.)	gistered Agent's Signature: ust designate an individual or another			
The name and the Florida street address of the registered agent	are:			
Roy Roses Jr. Name				
Roy Roses Jr. Name 27/5 Gast 6th Pl. Florida street address (P.O. Box N	OT acceptable)			
PANGMACKY FL City, State, and Zip	<u> </u>			
Having been named as registered agent and to accept service of liability company at the place designated in this certificate, registered agent and agree to act in this capacity. I further agail statutes relating to the proper and complete performance and accept the obligations of my position as registered agent	of process for the above stated limited I hereby accept the appointment as gree to comply with the provisions of of my duties, and I am familiar with			
Registered Agent's Signature (REQUIRED	<u> </u>			

(CONTINUED)

Page 1 of 2

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SECKLIARY OF SIAIL

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
<u>marm</u>	Roy Rosers Jr. 2715 East 6th Place PANAMA TI. 32401
MGR.	Joseph E. Billings Jr 2715 Fast 6th Place PANAMA Fl 32401
<u> </u>	
·	
(Use attachment if necessary)	

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 foots stated herein are true.)

that the facts stated herein are true.)

vped or printed name of signed

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)

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SECRETARY OF STATE