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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status _	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JET Floor Covering Services, 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:	
John H. Anderson	
(Name of Person)  JET FLOOR COVENING (Firm/Company)	
5100 meadowburk on	
To 1h Mc(PP, F1, 30.203	<b>2</b> € cps:
For further information concerning this matter, please call:	PER SE
Tohn Anderson at (850) 556-7610 F. (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee  Certificate of Status  □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
JET Floor Covering  (Must end with the words "Limited Liability	y Company, "L.L.C.," of "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5100 mradowhyk, An Tallamssee, Fl. 32303	5100 meadowhyk An. Ta Ikanassee, Fl. 32305
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Tanya Amler	SOO AHASS
5100 Meadow W	ress (P.O. Box NOT acceptable)
Tallo Missee	

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)

City, State, and Zip

(CONTINUED)

With the

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 "MGRM" = Managing Mem	Name and Address:
MGR	John H. Anderson 5100 medawark An. Talahassee, Fl. 32303
mg.Rm_	Tarya Anderson 5100 Meadawlark Am. Tarjahassey Fi 32303
<del></del>	
(Use attachment if necessary ARTICLE V: Effective date, if othe If an effective date is listed, the dorior to or 90 days after the date of	r than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days
REQUIRED SIGNATURE	<b>:</b> 7
S	f a member or an authorized representative of a member.
(In accordar of this docu that the fa	ment constitutes an affirmation under the penalties of perjury

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)