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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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T. CLINE

JUN 20 2008

EXAMINER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2008

PHILLIP PARK 5256 SE 106 LN BELLEVIEW, FL 34420

SUBJECT: P & P FLOOR COVERING LLC

Ref. Number: W08000028692

We have received your document for P & P FLOOR COVERING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P02000031630.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II 10 JUN 19 PH 2: UZ

Division of Cornerations - P.O. BOX 6327 - Tallahassee Florida 32314

Letter Number: 408A00036141

COVER LETTER

| TO: Registration S Division of Co | | : | |
|-----------------------------------|---|--|--|
| SUBJECT: P | (Name of Limite | Covering LLC ed Liability Company) | |
| The enclosed Articles o | f Organization and fee(s) are s | submitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| Pr:11 | palenn Junion | Park | |
| • | · <i>J</i> | (Name of Person) | |
| | PiP floor | (Name of Person) Covering - LLC (Firm/Company) | |
| | | (Firm/Company) | |
| | 5256 SE | (Address) | |
| | | (Address) | |
| • | 0 11 | C1 - 22/1/2 | |
| | Delleview 1 | FC 34426 y/State and Zip Code) | |
| | (Cii | y/state and Zip Code) | |
| For further information | concerning this matter, please | e call: | |
| Phillip F | ack | at (352) 502-1362 (Area Code & Daytime Telephone Number) | |
| (Name | e of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a check f | or the following amount: | | |
| □\$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) (additional copy is enclosed) | IKA GRING |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Division of Corporations | processing the second s |

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|---------------|
| SUBJECT: P | (Name of Limite | d Liability Company) | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| PL:111 | pglenn Junior | Park (Name of Person) | |
| ® | PiP floor: | Covering LLC. (Firm/Company) | |
| | | | |
| | 5256 SE | (Address) | |
| | | FL 34426 y/State and Zip Code) | |
| For further information | concerning this matter, please | call: | |
| Phillip (Nam | e of Person) | at (352) 502-1362 (Area Code & Daytime Telephone Number) | |
| | or the following amount: | | |
| □\$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of Certified Cop (additional copy) | Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee FL 32301 | MARY OF STATE |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | • | |
|---|---|---------------------|
| The name of the Limited Liability Company is: | . 116 | |
| Park Floor | overing LL | |
| | | |
| Hose Cover | Ta Lto | |
| (Must end with the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") | |
| · | , | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the pri | ncipal office of the Limited Lial | oility Company is: |
| | 1 | |
| Principal Office Address: | Mailing Address: | |
| Timelpat Office Address. | Westing Truck Coo. | |
| 556 SEININ | -5256 SE 10 | 16/1/ |
| 5256 SE 106 LN Belleview FL 24426 | 0 11 | 16 - 14 |
| 134 118018W FC 34416 | - Gellevicu F-C | 2 (1)(5) |
| | | 34410 |
| | | |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's | Signature: |
| (The Limited Liability Company cannot serve as its own Register | red Agent. You must designate an individi | ual or another |
| business entity with an active Florida registration.) | | |
| The name and the Florida street address of the re | gistered agent are: | |
| Λ(-(1)- /) | 1. | |
| Phillip Pa | CR. | |
| Name | | |
| | | |
| 5756 SE | ress (P.O. Box <u>NOT</u> acceptable) | |
| Florida street add | ress (P.O. Box NOT acceptable) | |
| $\rho = 10^{-1}$ | FL 34420 | |
| _ Dellevilw | FL 3940 | |
| City, State, a | ıd Zip | |
| | | |
| Having been named as registered agent and to a | | |
| liability company at the place designated in th | | |
| registered agent and agree to act in this capaci | ty. I further agree to comply wit | h 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 reg | gistered agent as provided for in | Chapter 608, F.S |
| \sim | | |
| -h// /// | 9 | ud ro |
| July 1 | | 7016 3006 |
| Registered Agent's Signatu | ire (REQUIRED) | > 25 C *** *** |
| 5 | | |
| | | 381 |
| | | 177 |
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| (ACNITIS) | Iren | ST ST |
| (CONTINI | JED) | |

Page 1 of 2

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

| "IVIUTK IVI" == IVIANAG | r ging Member | Name and Address: | | |
|---|---|--|----------|------------------|
| M6R | - | David Brown 1176 Orange grove L Apopka, FC 32717 | -n/ - | |
| | - | | | - |
| | _ | | | - - |
| | _ ` | | | - - |
| (Use attachment if | necessary) | | | |
| | | ate of filing: | | |
| effective date is lis to or 90 days after the | ted, the date must be date of filing.) | ate of filing: be specific and cannot be more than f | | |
| effective date is lis to or 90 days after the <u>REQUIRED</u> SIG | ted, the date must be he date of filing.) NATURE: | be specific and cannot be more than f | five bus | |
| n effective date is lis to or 90 days after the REQUIRED SIG | ted, the date must be date of filing.) NATURE: Signature of a member of | or an authorized representative of a member. | five bus | |
| effective date is lis to or 90 days after the REQUIRED SIG | NATURE: Signature of a member of this document constitute that the facts stated here. | or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.) | SECRE | siness 2 |
| effective date is lis to or 90 days after the REQUIRED SIG | NATURE: Signature of a member of this document constitute that the facts stated here. | or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury | TALL | siness 2 |