108000069682

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
Cartifical Conies Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ţ
·



700132710397

07/17/08--01013--018 **125.00

SECRETARY OF STATE BIVISION OF CORPORATIONS

Office Use Only

J. BRYAN

JUL 2 1 2008

EXAMINER

COVER LETTER

TO: Registration of Division of Control of C	on Section f Corporations		
SUBJECT: K.R	.B. Flooring LLC		
	(Name of Limi	ted Liability Company)	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
KYLE B	ECKER		
		(Name of Person)	
			OB MIL 17 AM 11: 52
	•	(Firm/Company)	THE SECTION
660 GL	OUCHESTER ST A	PT 101	TI COR
		(Address)	7 POX
BOCA F	RATON FL 33487		
	(Cit	y/State and Zip Code)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
For further informat	ion concerning this matter, please	e call:	
KYLE BECK	ER	at 561 929-734	0
(N	ame of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a checl	k for the following amount:		
✓ \$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Compar	ny is:
K.R.B. Flooring LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
660 GLOUCHESTER ST APT 101	660 GLOUCHESTER ST APT 101
BOCA RATON FL 33487	BOCA RATON FL 33487
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
KYLE BECKER	
	Name Same
	Stance STER ST APT 101 ret address (P.O. Box NOT acceptable) TL 33487
	ret address (P.O. Box <u>NOT</u> acceptable)
BOCA RATON F	
t 115. A	linic mul 7im

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. Thereby 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.

Reginered Agent's Signature (REQUIRED)

(CONTINUED) Page Lof 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
MGR	KYLE BECKER 660 GLOUCHESTER ST
	BOCA RATON FL 33487
	
(Use attachment if necessa	
	ary)
ffective date is listed, the d	her than the date of filing:
LE V: Effective date, if of	her than the date of filing:
LF. V: Effective date, if ot fective date is listed, the d	her than the date of filing: (OPTIONAlate must be specific and cannot be more than five business daying.)
LF. V: Effective date, if ot fective date is listed, the days after the date of filing	her than the date of filing: (OPTIONAlate must be specific and cannot be more than five business daying.)
LF. V: Effective date, if of fective date is listed, the days after the date of filing REQUIRED SIGNATURES	her than the date of filing:
LE V: Effective date, if on fective date is listed, the d days after the date of filin REQUIRED SIGNATURES	her than the date of filing:
LF. V: Effective date, if of fective date is listed, the d days after the date of filin REQUIRED SIGNATURES Signature (in accordance of this do	her than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)