L08000084944

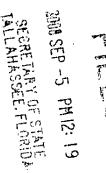
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600135232816

09/05/08--01020--002 **125.00



T. CLINE

SEP - 8 2008

EXAMINER

COVER LETTER

, '~' **TO**:

TO:		ion Section of Corporations			
CUB	IFOT.	FLOOR ME WOO	D SPECIA	LIST. LLC	
SUB	JECT:	(Name of Limited			
The e	enclosed Artic	les of Organization and fee(s) are su	bmitted for filing	g.	
Pleas	e return all co	rrespondence concerning this matter	to the following	; :	
			JAM DEFE	EO	
		(1)	Name of Person)		
		FLOOR ME W		CIALIST, L	LC
		(I	Firm/Company)		
		7257 NW	4th BLVD	#140	
			(Address)		
			/ILLE, FL 3		SECTION
		(City/	State and Zip Code	;)	
For fi	urther informa	ation concerning this matter, please of	call:		S PH
		IAM DEFEO	at (_352	870-2207	
	(I	Name of Person)	(Area Cod	le & Daytime Telep	hone Number)
Encl	osed is a che	ck for the following amount:			
√ \$12	5.00 Filing F	ee □\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filin Certified Co (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center Cir see, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:				
FLOOR ME WOOD	SPECIALIST, LLC				
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of the p	orincipal office of the Limited Li	ability Company is:			
Principal Office Address:	Mailing Address:				
7257 NW 4th BLVD #140	7257 NW 4th BLVD #140				
GAINESVILLE, FL 32607	GAINESVILLE, FL 32607				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an indivi				
WILLIAM	DEFEO				
Nam		S\$ 5			
7257 NW 4th I	THE PLANT				
Florida street a	ddress (P.O. Box NOT acceptable)	LORK 75:			
GAINESVILLE	FL 32607	STATE STATE			
City, State	, and Zip	-			
Having how somed as assistant as and to	and the	ahove stated limited			

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 (REOUIRED)

(CONTINUED) 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:

	ger naging Member	Name and Address:	
MGRM		WILLIAM DEFEO	
		7257 NW 4th BLVD #140	
		GAINESVILLE, FL 32607	-
			-
			-
			-
	<u></u>		_
			-
			-
			_
			_ _
effective date is lis	sted, the date must b	e date of filing: (OPTIC be specific and cannot be more than five business	ONAL) days pi
CLE V: Effective effective date is lis 00 days after the date is lis REQUIRED SIG	sted, the date must bate of filing.) GNATURE:	be specific and cannot be more than five business	ONAL) days pi
effective date is lis O days after the d	sted, the date must be ate of filing.) GNATURE:	e date of filing: (OPTIC pe specific and cannot be more than five business Coal Defectors er or an authorized representative of a member.	ONAL) days pi
effective date is lis 0 days after the da	sted, the date must be ate of filing.) GNATURE: Signature of a member	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	days pr
effective date is lis O days after the d	sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated in the state of th	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) VILLIAM DEFEO	ays pr ang SEP
effective date is lis 0 days after the da	sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute that the facts stated by	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	days pr
effective date is lis 0 days after the da REQUIRED Si	Signature of a member of this document constitute the facts stated in the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) VILLIAM DEFEO yped or printed name of signee	days pi
effective date is lis O days after the d	Signature of a member of this document constitute the facts stated in the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) VILLIAM DEFEO yped or printed name of signee	Will SEP -