## L08000095665

(Requestor's Name)	
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(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	<u>.                                    </u>
(Document Number)	
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MUSTAV Flooring 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:
Jeremy Richard Murray (Name of Person)
(Name of Person)
Murray Flooring LLC
(*************************************
1935 Diplomat St (Address)  (Address)  (A) F Pipeze / FL / 32563 (City/State and Zip Code)
(Address)
Gulf Breeze/FL/32563
l (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Murray Flooring	LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	1975 1 1 1 1
1935 Diplomat St Gulf Breeze, FL 32565	1935 D. alamat (+ Goult 150020, +L 32562
(4011 PRECE, +1. 57,305)	White Offe 10 pt 52565
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Terent Richard	The state of the s
1935 Diolomat	St SEE TO
Gulf Breeze	Iress (P.O. Box NOT acceptable)  FL 32563
City, State, a	and Zip

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)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager.	Name and Address:
"MGRM" = Managing Member	Jeremy Richard Murray 1935 Diplomat St Gulf Bleeze FL 32563
<del> </del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the diffective date is listed, the date must be a days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	SECRETAR FALLAHASS
Jeromy Ric	brand Museum or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury rein are true.)
Signature of a member	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee