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(Re	equestor's Name)	
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## COVER LETTER

Division of C			
SUBJECT:	Dalton Flo	Doring LLC ted Liability Company)	
	(Name of Limit	ted Liability Company)	•
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	DaltonEVarn	Name of Person	-
		Wring, LLC (Firm/Company)	
<u></u>	1019 South	Moody Road	
	<b>A</b>	F L 32111 ty/State and Zip Code)	
	(Ci	ty/State and Zip Code)	
	n concerning this matter, pleas		
DaltonEV	arnadae Ir.	at ( <u>386</u> ) <u>336-</u> (Area Code & Daytime Tele	7197
(Nan	ne of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check	for the following amount:		
<b>☑</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- <sub>7</sub>	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	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dalton Floor	Ting, LLC  and Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1019 South Moody Roa Palatka, Fr 32157	d 1019 South Moody Road Palatka, FL 32122
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of the limit	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual granother  If the registered agent are:    L. Varnadoe   Tr.     Name   Tr.     Name   Tr.     Name   Tr.     PL   32/11     State, and Zip
	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as
	apacity. I further agree to comply with the provisions of all

egistered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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)

## 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" = Mana; "MGRM" = Mai		Name and Address:	
MGR		Dalton EVarnadoe, Jr. 1019 South Mondy Road Palatka, FL 32111	
	<del></del>		
(Use attachment	• ,	, ,	
ARTICLE V: Effective (If an effective date is list to or 90 days after the d	stea, the date must be sp	te of filing: <u>/0/1/08</u> . (OPTIONA pecific and cannot be more than five business day	
<u>REQUIRED</u> SI	GNATURE:	SECRE TALLAN	T
·	Signature of a member of	Vernolle for an authorized representative of a member.	
· .	(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury lein are true.)  The Varnadse Jr  dor printed name of signee	<u>.                                    </u>

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)