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COVER LETTER

` TO:

то:	Registration Se Division of Cor				
SUBJE	cct: Carpet	Cleaning, Floors	& More		
		(Name of Limit	ed Lishility Comp	any)	
The en	closed Articles of	Organization and fee(s) are	submitted for filin	g.	
Picasc	return all correspo	ondence concerning this mat	ter to the following	; :	
	Michael S.	Porter, Sr.			
			(Name of Person)		
	Carpet Cle	aning, Floors & N	/lore		
·			(Firm/Company)		
	4060 Rane	y Rd.			
			(Address)		
	Titusville, f	FL 32780			
•		(Ci	ly/State and Zin Cod	e)	
For fur	ther information c	oncerning this matter, pleas	e call:		
Doni	na Moorer		_at (, 264-336	32
	(Name i	of Person)	(Area Cod	le & Daytime Tel	ephone Number)
Enclos	ed is a check for	the following amount:			
 \$125.	00 Filing Fec [✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рy	\$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	Courier Address tion Section of Corporation Building ecutive Center (s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
Carpet Cleaning, Floors & More. "LLC"						
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:						
		of the principal office of the Limited Liability Company is:				
Principal Office Address: 4060 Raney Rd.		Mailing Address:				
		4060 Raney Rd.				
Titusville, FL 32780		Titusville, FL 32780				
The name and the	Florida street addres Donna Moorer	· · · · · · · · · · · · · · · · · · ·				
		Name				
	4060 Raney R	₹d.				
	Florida	a street address (P.O. Box NOT acceptable)				
	Titusville, FL 3	32780 _{FL}				
	Ci	ity, State, and Zip				
liability compo registered agent of statutes relating	any at the place design and agree to act in thi. g to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of al mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S				
	Don	ne moree				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

Agr	Michael S. Porter, Sr.
	4060 Raney Rd.
	Titusville, FL 32780
··········	
Use attachment if necessary)	
W N. 1700 of the data of advantage of	on data of Glicania (ODTION
Le v: Effective date, if other than tr	ne date of filing: (OPTION be specific and cannot be more than five business d

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael S. Porter, Sr.

Typed or printed name of signee

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)

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