

Division of Corporations

LD9000089395

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**Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Your Way Flooring LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION

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FOR

FLORIDA LIMITED LIABILITY COMPANY

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I - Name

The name of the Limited Liability Company is: **Your Way Flooring 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:

507 Ives Place

507 Ives Place

Pensacola, FL 32514

Pensacola, FL 32514

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Michael Williams

Name


507 Ives Place

(P.O. Box or Mail Drop Box NOT Acceptable)

Pensacola, FL 32514

(City / State / 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 - Michael Williams

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Michael Williams - 507 Ives Place, Pensacola, FL 32514

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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 Williams

Typed or printed name of signer

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**