109000118397

(Requestor's Name)
(Address)
(Address)
(1941)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500163354785

12/07/09--01015--012 **125.00

2009 DEC 1.1 PM 3: 10
SECRETARY OF STATE

DEC 14, 2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2009

DANNY M. DESANTIS / DESANTIS CARPET 101 CARMICHAEL RD. INTERLACHEN, FL 32148

SUBJECT: DESANTIS CARPET LLC

Ref. Number: W09000053399

We have received your document for DESANTIS CARPET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 609A00037459

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Division of Comparations DO ROY 6227 Tallahassas Florida 22214

COVER LETTER

Division of Corporations
SUBJECT: DESANTES CARPET 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:
DESANT'S CARPET Firm/Company
DESANTIS CARDET Firm/Company
101 CARMICHAEL Rd
INTERIARHE FL 32148 City/State and Zip Code
995ho 579 YAHOO - Com E-mil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danny M De Santes at (386) 614-6651 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLE	I - P	Vame
-----	------	-------	------

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

101 Corposel	hael Roll	101 CARMICA	INOL Rd
		+ NTER INChen	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DANNY M DESAUTES

Florida street address (P.O. Box NOT acceptable)

TNTERIACHEN FL 32148
City, State, 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)

Desantis Carpet LLC

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):		SOUR DEC 14 IN S.
<u>Title:</u> "MGR" = Manager	anager or Managing Member is as follow Name and Address:	ws: SECRETARY OF STAI TALLAHASSEE, FLOR
"MGRM" = Managing Member	no manage	<u> </u>
(Use attachment if necessary)		
TICLE V: Effective date, if other than a effective date is listed, the date muy 90 days after the date of filing.)	n the date of filing:	(OPTIONAL) five business days prior
REQUIRED SIGNATURE:		
Signature of a m	ember an authorized representative of a m	uember.
(In accordance w	ith section 608.408(3), Florida Statutes, the exection section affirmation under the penalties of	ution Perjury

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)