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MAR - 2 2010

EXAMINER

COVER LETTER		•	
TO: Registration Section Division of Corporations			
SUBJECT: Richard's Flooring and homercair (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:			
Richard Darving Byrd (Name of Person)			
(Firm/Company)			
6300 SF 55th STreeT	Ās	20	
Joenton Fl. 32693	ECRETAR	10 HAR -	7
(City/State and Zip Code) For further information concerning this matter, please call:	Y OF STAT	PM 3: 23	
Richard D. Byrd at (352) 354-0018 (Name of Person) (Area Code & Daytime Telephone Number	Drni er)	မြိ	
Enclosed is a check for the following amount:			

Mailing Address

□ \$125.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$130.00 Filing Fee & Certificate of Status

Street/Courier Address

☐ \$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$160.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Richard's Floring and Hom (Must end with the words "Limited Liebility Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6300 SE 55th ST. Trenton Fl. 32693	6300 SE 55# St Trenton Fl. 32693
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the register addr	egistered agent are: Bysel Street Tess (P.O. Box NOT acceptable) Per another an individual or another another and the segment are individual or another an
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five by prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** (In accordance with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$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)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury