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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	TO: Registration Section Division of Corporations				
	SUBJECT: FLOORING BY RON PHILLIPS, LLC				
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:				
	RONALD PHILLIPS				
	Name of Person				
	FLOORING BY RON PHILLIPS, LLC				
	Firm/Company				
	14236 MAX HOOKS RD LOT 39				
	Address				
	CLERMONT, FL 34711				
	City/State and Zip Code				
	DRAGONFLYALP @ YAHOO.COM				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
RON PHILLIPS at 407 593-3473 Name of Person Area Code & Daytime Telephone Number		<u></u>			
Enclosed is a check for the following amount:					
(□\$125.00 Filing Fee & □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Certificate of Status	Status &			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

FLOORING BY RON PHILLIPS, LLC

(Must end with the words "Limited 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 Uffice Address:	<u>lvialling Address:</u>
14236 MAX HOOKS Rd LOT 39 CLERMONT, FL 34711	14236 MAXHOOKS Rd LOT 39 CLERMONT, FL 34711

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

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

BON PHILLIPS				
Name				
14236 MAX HOOKS RD LOT 39				
Florida street address (P.O. Box NOT acceptable)				
CLERMONT FL 34711				
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)
Page 1 of 2

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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member CLERMONT (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

PHILLIPS RON

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)