(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAY 27 2010

**EXAMINER** 

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# **COVER LETTER**

ļ	TO: Registration Division of C			
	SUBJECT:	oring, Remode,	/ing & Beyond, ed Lizbility Company)	LLC
	The enclosed Articles	of Organization and fee(s) are	submitted for filing.	•
	Please return all corres	spondence concerning this mat	ter to the following:	
	_Ki	rk Ottenba	KCR Name of Person	
	<u> </u>	ing, Remodelin	ng & Beyond, L.	LC
			, , ,	
	Jai	la hasse e,	Address  H 32305  y/State and Zip Code	
		Cit	y/State and Zip Code	
		E-mail address: (to be used	for future annual report notification)	
	For further information	concerning this matter, please	e call:	
	Michelle Name	Mason e of Petson	at (	545- hone Number
	Enclosed is a check t	for the following amount:		
,	\$125.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	~~~	~-	_	-		
ΑR	т		Æ	I ~	Na	me:

The name of the Limited Liability Company is:

Flooring, Remodeling & Beyond, 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 Office Address:	Mailing Address:	
211 Sunday Court Jallahassee, 32 32305	211 Sunday Jallahassee,	Courf FL 32305
, -		

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:

Michelle Masox
Name
211 Surday Court
Florida street address (P.O. Box NOT acceptable
Jallahassee FL 32305
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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM MGRM	KICK OHONDOKER  47 SHAWHER Trail  CHOWFORDNIE FL 32327
MGRM	ROCK Stone JII Gunday Court Jallahassect FL 32305
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	tunces or an authorized representative of a member.
(In accordance with secti	on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury
Kirk OHMO Type	

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)