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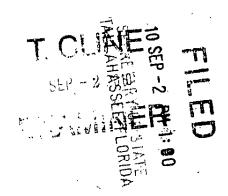


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## **COVER LETTER**

	and the state of t	
	TO: Registration Section Division of Corporations	
	SUBJECT: F.R.O.G. Flooring L.L.C.  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:	
	Tracy R. Warren	
	F.R.O.G. Flooring L.L.C.	
	68 Shepherdwood Rd.	
	Crawfordville FL: 32327 AF &	
	City/State and Zip Code  US-Let tracers & Vahoo. Com  E-mail address: (to be used for future annual report notification)	1
	For further information concerning this matter, please call:	
	Tracy Warrely at (850) 980-7837	
	Enclosed is a check for the following amount:	
C	□\$125.00 Filing Fee & Certificate of Status  □\$130.00 Filing Fee & Certificate of Status  □\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	

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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
F.R.O.B. Flooring L.L.C.  (Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  L8 Shepher duood Rd.  Craw Fordy: //e FL.  32327
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:  Name  Name
68 SHEPHERD WOOD RD.  Florida street address (P.O. Box NOT acceptable)
CRAW FORD VILLET 32327 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, \$\mathbb{R}S\$.
Registered Agent's Signature (REOLIBED)

(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" = Mana	gor.	Name and Address:		
"MGRM" = Mai				
MGR	_	Tracy Warren 105 Shepherdivood Crawsordville FL. 32	Rd.	
	_			
(Use attachment	if necessary)			
ARTICLE V: Effective (If an effective date is list to or 90 days after the dependent of the	sted, the date must be ate of filing.)  GNATURE:	date of filing: (e specific and cannot be more than five but	OPTIONAL Isiness days	.) prior
	Signature of a member	R. Owner	35.0	amental a
	(In accordance with sec of this document constitute that the facts stated her	etion 608.408(3), Florida Statutes, the execution states an affirmation under the penalties of perjury rein are true.)  Ped or printed name of signee	P-2 PM IN BI ETARY OF STA HASSEE, FLOR	O
Filing Face	•	·		

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)