

(Re	equestor's Name)	•
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



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G. MCLEOD

OCT -5 2010

EXAMINER



COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: CV Flooring LL C (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	COXIOS VOSQUIZ (Name of Person)
	CV Flowing (CC (Firm/Company)
	2410 48 Ave.w. Apt.B
	City/State and Zip Code)
For fun	ther information concerning this matter, please call:
_0	(Name of Period) at (QSQ) 535-819,5 (Area Code & Daytime Telephone Number)
ſ	sed is a check for the following amount:
JI \$ 125	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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:		•		
VC Flooring, UC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Liabili	ity Com	ıpany	is:
Principal Office Address:	Mailing Address:			
2410 48m Ave. w.	sonl			
Bradentin Fl 3-805				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:	A SE	10	
Coxlos Jos Typed or print	ed name of signee	CRETAR LAHASS	ا T	Commence of the Commence of th
2410 4850 A Florida street add	ress (P.O. Box NOT acceptable)	Y OF S	PM 3:	
Bradenton, City, Sta	FL 34205 tte, and Zip	TATE ORIDA	<u></u>	

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

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

. . .

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
-war	Courios Josseps do VC Fluxing 2410 4847 Ave. J. Aprt. B Bradentin. Fl 34265
	
(Use attachment if necessary)	
`	
	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
0 days after the date of filing.)	- Land Company
REQUIRED SIGNATURE:	1
Con	& Vagu
Signature of a	member or an authorized representative of a member.
(In accordance of this documer	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ated herein are true.)
	XIOS JOS ZULZ 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)