

Divisions of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KUSCO
Account Number : 104662003400
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: slkd1@comcast.net

FLORIDA LIMITED LIABILITY CO.

Jake's Decorative Floors & So Much More LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **Jake's Decorative Floors & So Much More 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:**2337 Wells Avenue2337 Wells AvenueSarasota, FL 34232Sarasota, FL 34232**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

William J. ReynoldsName2337 Wells Avenue(P.O. Box or Mail Drop Box **NOT** Acceptable)Sarasota, FL 34232(City / State / Zip)

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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 - William J. Reynolds

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

William J. Reynolds - 2337 Wells Avenue, Sarasota, FL 34232

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

William J. Reynolds

Typed or printed name of signer

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