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(Requestor's Name)
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(Business Entity Name)
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SECOND FAIL OF STATE
TALL AHASSEE, FLORID.

B. BOSTICK
FEB 4 2011
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
-	MICHAELA, CIÀNCIOLO Name of Person	
	FLOORING FLORIDA LLC. Firm/Company	
_	Firm/Company	
	3/72 709H LANE N.	
	Autitos	
	SAINH PEHERS BURG FL 33710 City/State and Zip Code MCIANCIOLO & KNOLO & Y. NET E-mail address: (to be used for future annual report notification)	
_	City/State and Zip Code	
_	INCIANCIOLO @ KNOLO by . NET ==	_
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
	her information concerning this matter, please call: 1/CHABL A. CIANCIDIO at 727 686 0396 Name of Person Area Code & Daytime Telephone Number 122 20 20 20 20 20 20 20 20 20 20 20 20 2	3 9
	Name of Person Area Code & Daytime Telephone Number	**************************************
Enclose	ed is a check for the following amount:	
\$125.00	Filing Fee \$\bigsquare{\text{S130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	_				
F	LOBRING- t end with the words "Li	FL0	RIDA, LLC. ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		of the pr	incipal office of the Limited	d Liability Company is	s:
Principal Office Ac	ldress:		Mailing Address:		
8501 101 LARGO F	AVE N. 2. 33777		8501 101 AV LARGO FL. 3	s. N. 3777	
	npany cannot serve as its	own Regist	Office, & Registered Age ered Agent. You must designate an i		
The name and the Fi	orida street addres	s of the r	egistered agent are:		
	Samuel	V.	Barber		
-		Name		SSE 3	, nc
	8501	101	AUE N	PM 12: 21 UF STATE EF FLORIC	1
_	Florid	a street add	ress (P.O. Box NOT acceptable)	2: 20 PATE ORID	.,
	1		ムスノンコ	EE 12	

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)

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:
MGR	MICHAEL A. CIXAICIDED 3172 70 LANE N.
MGRM	Samuel V. Barber 8501 101 AVEN Largo, FL 33777
	AN TO SEE THE PERSON OF THE PE
	FLORIDA FLORIDA
(Use attachment if necessary) TICLE V: Effective date, if other than the in effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
S_V	. BC
Signature of a memb	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. That is a document to the Department of State may as provided for in s.817.155, F.S.)
	v. Barber yped 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)