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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE: FI ORINA

C. LEWIS

MAR 1 4 2011

EXAMINER

COVER LETTER

TO:	Registration Division of	section Corporations			
SUBJECT: Regal Floors LLC					
Name of Limited Liability Company					
The encl	losed Articles	of Organization and fee(s) are	submitted for filing.		
Please re	eturn all corre	espondence concerning this mat	ter to the following:		
(Gary T	ellier			
-			Name of Person		
	Regal I	Floors LLC			
_			Firm/Company		
	1200 E	. Ray St.			
			Address		
Hernando, FL 34442					
City/State and Zip Code					
gtellier65@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	ner informatio	on concerning this matter, please	•		
Gary	Tellier		at (682) 667-4779		
	Nan	ne of Person	Area Code & Daytime Telephone Number		
Enclose	ed is a check	for the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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:			
Regal Floors LLC			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1200 E. Ray St. Hemando, FL 34442	1200 E. Ray St. Hemando, FL 34442		
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: Agent's Signature:			
Hernando	Iress (P.O. Box NOT acceptable) FL ZULY) ate, 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..

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: 2011 MAR 14 PM 12: 20 Name and Address: SECRETARY OF STATE. "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a/member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Gary P. Tellier Typed or printed name of signee **Filing Fees:**

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 5.00 Certificate of Status (Optional)