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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDAN



COVER LETTER

Division of Corporations
SUBJECT: Alunce flooring & Construction Name of Limited Liability Company
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:
Madon pinnock Name of Person
advance flooring & construction Firm/Company
2400 cals Ln Address
Tall, FL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Harlon Pinnack at (\$50) 573-1372 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (a
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 I - Name: The name of the Limited Liability Company is:	
Advance flooring (Must end with the words "Limited Liability	Construction LLC y Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
â400 cals Ln	2400 ccls Lh
	gistered agent are:
Florida street addr	ress (P.O. Box NOT acceptable)
Tallahassee City, Stat	FL 3130
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Marlon Phnock (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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 documents?) constitutes an affirmation under the penalties of perjury that the facts stated herein are greek 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.) Typed or printed name of signee Marlon Filing Fees:

ining rees.

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)