11000/36764

(Requestor's Name)				
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PICK-UP	WAIT MAI	L		
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COVER LETTER

TO: Registration 9 Division of Co			
SUBJECT:	ter Floori	d Liability Company	
	Name of Limited	d Clausetty Company	
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	,
AI	Estes		
		Name of Person	
		Firm/Company	
Pa	B 121		
	100X 121	Address	
Waci	issa Fl	State and Zip Code	
	City	/State and Zip Code	
	E-mail address: (to be used fo	Yahoo. com or future annual report notification)	
	concerning this matter, please		
Al Estes	of Person	at (\(\frac{\\$50}{\} \) \(\frac{\\$408}{\} - \)	
Name	of Person	Area Code & Daytime Telephi	one Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Cir	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
AER Flooring	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limite	d Liability Company is:
Principal Office Address: 316 Oneal Tram Lamont, F1 32336	Mailing Address: PO Box 131 Walissa F1 3	23(01
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	own Registered Agent. You must designate an	
The name and the Florida street address BLERIC 3688 Ma	k Moore Name Att Wing Rd	
Florida Tallahasse	street address (P.O. Box NOT acceptable)
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certificate, I hereby acce c capacity. I further agree to comply nplete performance of my duties, and	ept the appointment as with the provisions of all I I am familiar with and
Registered Age	Signature (REQUIRED)	11 OEC
•	ONTINUED) Page 1 of 2	ASSERTION ST

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

The name and address of each Manage	r or Managing Member is as to.	llows:
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	_	
MGR	Richard Moore 3688 Mattwin Tallahassee FI	5 Rel 32311
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d If an effective date is listed, the date must be s o or 90 days after the date of filing.)	ate of filing:specific and cannot be more th	an five business days prior
REQUIRED SIGNATURE:)
700		1
Signature of a member	or an authorized representative of	member.
constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony a	08(3), Florida Statutes, the execution the penalties of perjury that the facts station submitted in a document to the Las provided for in s.817.155, F.S.)	tated herein are true.
Туре	ed or printed name of signee	Pos _
Filing Fees:		
\$125.00 Filing Fee for Articles of Organi	zation and Designation	
of Registered Agent \$ 30.00 Certified Copy (Optional)		SN SN
\$ 5.00 Certificate of Status (Optional)		र्देश 🚾 🔟