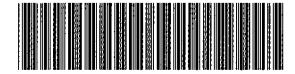
## L12000017294

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
12 FEB -6 AM 10: 54

12 FEB + 6 AM II: 07

J. BRYAN

FEB - 6 2012

**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs		
SUBJECT:	Name of Lin	Flooring nited Liability Company	·
The enclosed Articles of Organiza	ation and fee(s) a	re submitted for filing.	
Please return all correspondence of	oncerning this m	atter to the following:	
	Jamie	Morray 6h	
	Oume	Name of Person	72 72
		Finer Flooring Firm/Company	2 8
		· •	60 T
	4389	South Jefferson Address	3
			MINION CONTRACTOR OF THE CONTR
	Lamont	Floride 32336 City/State and Zip Code	
<u>م</u> E-mail	may Jamied address: (to be use	d for future annual report notification)	
For further information concerning	g this matter, ple	ase call:	
Irria Parris Name of Person		at ( Area Code & Daytime Tele	3   phone Number
Enclosed is a check for the following	lowing amount:		
\$125.00 Filing Fee \$130.0 Certif	0 Filing Fee & ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address ration Section	Street/Courier Address Registration Section	,

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	S. S
(Must end with the words "Limited Diabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4389 South Jefferson LAMont Florida 32336	4389 South Jefferson Lamont Florida 32236
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are: EFFECTIVE DATE $02/07//2$
Jamie L. Muc Name	ray LD
4389 South Jeff Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Lamont, Florida City, Stat	FL 3 2 3 3 6 te, 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)

	Name and Address
Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	(A)
4.	
Mba	Jamie Murray sh
	4389 South Sefferson
	Lamont, Florida 323.56
(Use attachment if necessary)	
FENT. THE STATE OF STATE OF	7/7/2013
L.K. V: Effective date it other than the	e date of filing: 1/7/26/2 (OPTIONA
fective date is listed, the date must be	
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fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	్రాగం and cannot be more than five business (lay or or an authorized representative of a member.
fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 60)	urrev sh

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)