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T. CLINE
APR 23 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: John Hoover Flooring State CCC 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:		
John Hoover Name of Person		
Name of Person		
John Hooven Flooring LLC		
Firm/Company*		
9/36 E. High CAND PINES DRIVE		
Palm Beach Gredens, FL 339/0 Hoov 321 Cgathoo. com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
John Jeouek at 36 723-2169 Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for 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)		
Malling Address Street/Couries Address	THE STREET	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
John Hower Flooring LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
9136 & Highland Pirespe Pio. Box 7227 Palm Beach Gardens Upiter IFC 33410 33410
334103410
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:
John Hoover
9/36 & Highland Pines DR, Florida street address (P.O. Box NOT acceptable)
Palan Beach 6 And on FL 334/0 City, State, 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, I.S
SEE 20
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) _____. (OPTIONAL) **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 true. I am aware that any false information submitted in a document to the Department of constitutes a third degree follow as provided for in s.817.155, F.S.) 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)