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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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12 MAY - | PH |2: 0

FILED 12 MAY -1 PM 12: 20

MAY =1 2012 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Emmanuel T. Gordon Name of Person
	Cilass House Floor Care Firm/Company
	121 Marks St. Quincy, Ft. 32551
	Puincy/FL, 3235/ City/State and Zip Code emmeinvei 1, gordon Dyahoo. Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Emm	Name of Person at (850) 321-65 75 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{S130.00 Filing Fee}} \text{S155.00 Filing Fee} & \int_{\text{S160.00 Filing Fee}} \text{Certificate of Status} & \text{Certified Copy} & \text{(additional copy is enclosed)}
	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:
Glass House Floor Care (Must end with the words "Limited L	LLc_
(Must end with the words "Limited L	fability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
121 Martin ST.	121 Markin 57.
121 Martin 57. Guinup, Fl. 32351	Quincy FL . 32351
	ered Office, & Registered Agent's Signature: Legistered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
E. Garage	120
Na Na	lon ame
121 121 12 15 1	
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
Cíty	FL 3235/ y, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
	ASS 6
Registered Agent's Si	gnature (REQUIRED)
· (CONT	rinued)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

MaRM	Emmanuel T. Conton
· · · · · · · · · · · · · · · · · · ·	Emmanuel T. Goulan 121 Martin ST. Quincy, FL. 32351
	
	•
,	
Use attachment if necessary)	

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.)

Emmanuel T. Gordon
Typed 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)