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# **COVER LETTER**

Division of Corporations
SUBJECT: Cortex's Floor Covering LLC 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:
Carey Carter Name of Person
Firm/Company
550 Old Woodville Rd
Crawfordville FL 32327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
COVEY CAVALY  at (850) 591-6833  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\int \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy (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:

(Must end with the words "Limited Liability Company, "L.L.C.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
550 old woodule Rd
Crawfordville Fi
33330

Mailing Address:

CYCLUFONDUILLE RO CYCLUFONDUILLE RO FL 32337

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:

Covey Carter
Name
Name

Florida street address (P.O. Box NOT acceptable)

Crawford/le FL 32327
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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Covey Caser (MGR)	560 Old Woodville Rd Crawbralville FL 32327
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	,
(Use attachment if necessary)	
FICLE V: Effective date, if other than the	date of filing: (OPTIONAL e specific and cannot be more than five business days
n effective date is listed, the date must be r 90 days after the date of filing.)	o specime and cannot so more than five pasifics days
n effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:	o specime and came to more than five pasifics days
90 days after the date of filing.)  REQUIRED SIGNATURE:	er or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a membe  (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	Cons

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: