42000/0/698

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Å. LUNT

AUG -8 2011

EXAMINER

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

E AUG-8: AM 8: 53

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Michael Name	Nettles Flooring LLC of Limited Liability Company
The enclosed Articles of Organization and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Michael	Nattles
	Name of Person
1509	Vugant Drive Fo
Tallahasso	Address FlorIdn 32304. City/State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matt	er, please call:
Name of Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following am	nount:
\$125.00 Filing Fee \$130.00 Filing F Certificate of S	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on Registration Section orations Division of Corporations Clifton Building

Tallahassee, FL 32301

I Mile Nettles home

No jutentions of reinstating

Michael Nettles Flooring LLCo

Doe # L07600111732;

I release the Nome.

Miss Nettle

THE AUG -8 AM 8: 53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Which real Not	Has Eldour // C.
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address: 1509 Magar Log Tall Florida Registered ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Mailing Address: Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the real street address of the r	egistered agent are: Action South ress (P.O. Box NOT acceptable) FL 3 2 3 4 / Ite, and Zip
liability company at the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

The name and address of each Manager	r or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Maragin Marak	Name and Address:
"MGRM" = Managing Member	Michael Nettle 1501 NUGONT Drive
	AC E
·	SE TO THE TOTAL PROPERTY OF THE PROPERTY OF TH
	FLORIDE S3
(Use attachment if necessary)	1 *
TICLE V: Effective date, if other than the date an effective date is listed, the date must be sor 90 days after the date of filing.) REQUIRED SIGNATURE:	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
Michael	Well
Signature of a member of	or an authorized representative of a member.
constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony a	
M) el a a Type	d or printed name of signee
Filing Fees:	•

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)