## L12000124471

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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12 OCT -1 AH 8: 50
SECRETARY OF STATE
ALLAHASSER FLORING

12 OCT -1 AM 8: 59

C. LEWIS OCT -1 2012 EXAMINER

## COVER LETTER

TO: Registratio Division of	on Section Corporations	·	*
SUBJECT:	Davis Floo Name of Limited L	iability, Company	·
The enclosed Article	es of Organization and fee(s) are subr	nitted for filing.	
Please return all corr	espondence concerning this matter to	the following:	
· .	Candie Davis	S	
	Nan	ne of Person	
<del></del>			
	Fin	m/Company	•
	167 Ann Circ	le	
	Crawfacali lla	Address F1.32327	
· · · · · ·		tte and Zip Code	
<del></del> -	E-mail address: (to be used for fu		
For further informati	on concerning this matter, please cal	•	
- I .			
<u>Candie</u>	Da VIS at	Area Code & Daytime Toler	3958 Ohone Number
Enclosed is a check	c for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Davis 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 prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
167 Ann Circle Crawfordville, Fl. 32327	- Same
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
Crawfordyille City, State	ss (P.O. Box NOT acceptable)  FL 32327  , and Zip
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performancept the obligations of my position as registed.	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and

(CONTINUED)

FILED

GRM	Cardio 7
	Crawfordville, F1. 32327
e attachment if necessary)  V: Effective date, if other than the date is listed, the date must as after the date of filing.)	ne date of filing: 1b-1-12 . (OPTIONAL) be specific and cannot be more than five business days p
QUIRED SIGNATURE:	
Care	ber or an authorized representative of a member.
Signature of a mem	
(In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. The permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
(In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)