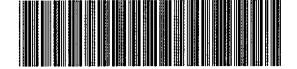
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Certified Copies	Certificates	of Status
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ZHZ OCT -3 AMID: 05 Secretary of State

T. CLINE

OCT - 4 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GCO of Floring A 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:
Gwan Guillotte Name of Person
GCO of Floring LLC Firm/Company
362 Gulf BREEZE PKWY, Ste 283
Gulf Bleeze, Fl. 3256/ City/State and Zip Code
aquillatte a me, con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Comes Guillotto at (850) 377-7654 Name of Person Area Code & Daytime Telephone Number
Name of Person at (850) 377-7654 The Name of Person Area Code & Daytime Telephone Number Te
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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.," or "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:	
362 Gult BREEZE PKWY Ste 283 SAME A	is Priveply
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an industries business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Gwen Guillotte Name	
302 Gult Breeze Phwy Ste 283 Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	t the appointment as vith the provisions of all am familiar with and n Chapter 608, F.S
Registered Agent's Signature (REQUIRED)	ZEIZ OCT -S SECRETAR FALL AHASS
(CONTINUED)	YOF STATE
Page 1 of 2	2m 5

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 Memb	
WORM — Managing Memo	
<u> MGR</u>	GWEN Guillotte 362 Gulf BREEZE Phuy Steo Coulf BREEZE, Fl 32561
	362 Gulf BREEZE Phuy Stro
	Czn & BREEZE, +1 3256/
	
ffective date is listed, the date	than the date of filing: (OPTIONAL)
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL)
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