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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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EFFECTIVE DATE 01-02-13

FILED

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SEURENARY OF STATE

B. BOSTICK JAN - 7 2013 EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERA Floor Care, 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:

Gary Lazan

Name of Person

ERA Floor Care, LLC.

Firm/Company

11047 NW 34th Manor

Address

Coral Springs, FL 33065

City/State and Zip Code

erafloorcarellc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Lazan

.,954

292-8912

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

S160.00 Filite free,

Certificate Estatus &

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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
ERA Floor Care, LLC.	
(Must end with the words "Lin	nited 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:
11047 NW 34th Manor	11047 NW 34th Manor
Coral Springs, FL 33065	Coral Springs, FL 33065
business entity with an active Florida registration.) The name and the Florida street address Gary Lazan	Name Sof the registered agent are: Name Name Name
11047 NW 34th Manor	HAS
	street address (P.O. Box NOT acceptable)
Coral Springs	s 🗓 33065
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	and to accept service of process for the above stated limited that in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Gary Lazan
	11047 NW 34th Manor
	Coral Springs, FL 33065
•	The
	
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(Use attachment if necessary)	
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LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a metal (In accordance with section	Jare Man

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)

Typed or printed name of signee