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(Re	equestor's Name)	1
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	FCT. FLO	ORtrim LLC			
50.00		Name of Limit	ed Liability Com	pany	
The en	closed Articles o	f Organization and fee(s) are	submitted for filir	ng.	
Please	return all corresp	ondence concerning this matt	er to the followin	g:	
	Trung 7	ed Nguyen			
			Name of Person		
	FLOOR	Rtrim LLC			
			Firm/Company		
	1884 V	ina Ct			
			Address		
	Chuluo	ta FI 32766			
			y/State and Zip Co	de	
	floortrim@	yahoo.com E-mail address: (to be used to	for futuro amunal es	nort notification)	
For fur	ther information	concerning this matter, please		port notification)	
Te	d Nguye	en	407	,84404	16
	Name	of Person	Area Co	de & Daytime Teler	phone Number
Enclo	sed is a check fo	or the following amount:			
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	•	\$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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	
ARTICLE I - Name:	
The name of the Limited Liability Company is	
The same of the same same same some same same same same same same same sa	•
FLOORtrim LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
The maning address and server address of the p	rmorpar office of the Diffice Clabifity Company is.
Principal Office Address:	Mailing Address:
	
1884 Vina Ct.	same
Chuluota FI 32766	
	
ARTICLE III - Registered Agent, Registere	d Office & Designatured Agent's Signatures
(The Limited Liability Company cannot serve as its own Regis	
business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
The hame and the Florida street address of the	registered agent are.
Trung Ted Nguyen	
Name	1
1884 Vina ct	
	dress (P.O. Box NOT acceptable)
Chuluota Fl 32766	
	FL
City, S	tate, and Zip
Having been named as registered agent and to	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	city. I further agree to comply with the provisions of
• • • • • • • • • • • • • • • • • • • •	te performance of my duties, and I am familiar with
	egistered agent as provided for in Chapter 608, F.S
, /	
- ruy Muest	
Registered Agent's Signa	ture (REQUIRED)
(CONTIN	MED) E E E
1001111	1 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 →

Page 1 of 2

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

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

mgr	Trung Ted Nguyen
	1884 Vina Ct
	Chuluota Fl 32766
mgrm	Thuy Nguyen
	1884 vina ct
	chuluota fl 32766
	
Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing: (OPTION

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed/name of signee

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)