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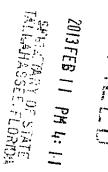
(Requestor's Name)	)
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PICK-UP WAIT	MAIL A
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Special Instructions to Filing Officer:	
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: B, T- Morgan Floring and More, UC 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:
Bair Thamas Margan Name of Person
B.T. Magan Flooring and more, Luc
1206 SE County load 405
Mayo, FL 32066 = 5
City/State and Zip Code   Carlo   Ca
For further information concerning this matter, please call:
B.T. Margan at (386) 294, 2747  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address  Registration Section  Division of Corporations  P.O. Pox 6327  Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

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:	
B.T. Morgan Floring (Must end with the words "Limited Liabil	try Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1206 SE CR 405 May 1 1 2066	Mailing Address:  1206 SE CR 405 FF FF Mayo, Fr 32066
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	I Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Bair Thomas Name	s Margan
1206 SE Co Florida street add	dress (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

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" = Manager	
"MGRM" = Managing Member	
MGR	Blair 7. Morgan
	1206 SF County Rd 405
	May 2, FL 32066
MGRM	Ashley Morga
	1206 SE Rout ORd 405
	Mas , EL 35066
MORM	Allen archane
	9703 NW 202 nd Street
	<u> 91aehua, 71 32615</u>
	O see
	71-X
(Use attachment if necessary)	7. P.
LE V: Effective date, if other than the	<i>O</i>
	ist be specific and cannot be more than five busi
or 90 days after the date of filing.)	

### **REQUIRED SIGNATURE:**

Signature of a member of 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)