

Division of Corporations Electronic Filing Cover Sheet

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(((H13000064869 3)))



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zelliemae@aol.com

MAR 21

FLORIDA LIMITED LIABILITY CO.

Flooring and Tile Online LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name

The name of the Limited Liability Company is: Flooring and Tile Online 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: | |
|--|---|----------|
| 1354 Arbol Grande Circle | 1354 Arbol Grande Circle | |
| Port Orange, FL 32129 | Port Orange, FL 32129 | |
| | | · |
| ARTICLE III - Registered The name and Florida street address | Agent, Registered Office & Registered Agent's Signature | 2813 MAR |
| | Barbara Mecannic | 21 |
| | Name | |
| | 1354 Arbol Grande Circle | <u>ب</u> |
| | (P.O. Box or Muli Drop Box NOT Acceptable) | M 7: 56 |
| | Port Orange, FL 32129 | • |
| | (City / State / Zip) | |

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.

Registered Agent's Signature - Barbara Mecannic

| ARTICLE IV - Manager(s) o The name and address of each Man | r Managing Member(s): H13000064869 ager or Managing Member is as follows: |
|---|---|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| _MGRM | Barbara Mecannic - 1354 Arbol Grande Cir., Port Orange, Ft. 32129 |
| MGRM | Robert Waldron - 1354 Arbol Grande Cir., Port Orange, FL 32129 |
| | |
| (Use attachment if necessary) | |
| REQUIRED SIGNATURE: | |
| Signature | of a member or authorized representative of a member. |
| · · · · · · · · · · · · · · · · · · · | nce with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the facts n are true.) |
| _ | Barbara Mecannic |
| | Typed or printed name of signee |

SEGRETARY OF STATE STORY OF CORPORATIONS OF CORPORATIONS