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09/20/13--01016--011 **125.00

Effective Date 9/17/13

(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FARLER FLOORING L.L.C. 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:
James D Farler Name of Person
Farler Flooring LLC Firm/Company
6706 20th Ave South
TAMPA FL 33619 City/State and Zip Code
david farler 67@9 Mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Farler at (V13) 205-7996 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Effective Date 9/17/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
FARLER FLOORING 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 Liab	oility Co	mpany	' is:
Principal Office Address: Mailing Address:			
6706 20th Ave S 6706 20th Ave TAMPA FL33619 TAMPA FL336	5.		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	Signatu ial or anod	re: her	
The name and the Florida street address of the registered agent are:			
James David Farler			
6706 20 ^{+h} Ave South Florida street address (P.O. Box NOT acceptable)			
TAMPH FL 33619 City, State, and Zip			
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent as provided for in	e appoin h the pro ' am fam	tment d vision: iliar w	as s of ith
Registered Agent's Signature (REQUIRED)			
(CONTINUED) Page 1 of 2	SEGRE BAR TALLAHASS	2013 SEP 20	_

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>"MGR"</u>	James David Farler 6706 20+4 Ave South TAMPA FL 33619
(Use attachment if necessary) CLE V: Effective date, if other than the	ne date of filing: Sept. 17 2013. (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date mu o or 90 days after the date of filing.)	ne date of filing: <u>Sept. 17 2013</u> . (OPTIONA st be specific and cannot be more than five busines
CLE V: Effective date, if other than the effective date is listed, the date mu o or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five busines
CLE V: Effective date, if other than the effective date is listed, the date muto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a manual fam aware that any false information under the support of the suppor	st be specific and cannot be more than five busines Lul Julu
CLE V: Effective date, if other than the effective date is listed, the date mu o or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date mu o or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	St be specific and cannot be more than five business Land Jack Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of pen
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