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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	
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Office Use Only



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OCT 29 2013

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Kenj	necky's flardwood f	ors Tile remodling and Liability Company	and Beyond	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Asp	Name of Person		
	415 (ras	Firm/Company Sway Rd	,	•
		Sway Rd. Address		, \
	Tollahass	FE, FL 32305		
		y/State and Zip Code 1985 Q Johno (om or future annual report notification)	SEC.	13 OCT
For further information	concerning this matter, please	•	25	29
Name	Dickey of Person	at (<u>857</u>) <u>694</u> — Area Code & Daytime Telep	5036 hone Number	A DO
Enclosed is a check f	or the following amount:	· · · · · ·		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	-
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		·

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

FEIN#: 46-3974329

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

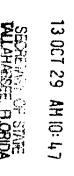
•
ARTICLE I - Name: The name of the Limited Liability Company is:
Hennedy's Harelwood Adoors Tile (abinets Remodeling and Beyond LLC) (Must end with the words "Limited Liability Company, "LLC," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
4/15 crassway Rol
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Casper dick-y Name
Florida street address (P.O. Box NOT acceptable)
Florida street address (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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
A	
COSPUT ATTUREY MGRM	Casper DCK-elf
	415 Crosswhy Rd.
4.4	
MGR	Pock Stone
<u> </u>	
	·
(Use attachment if necessary)	
	n the date of filing: (OPTIONA) nust be specific and cannot be more than five business
to or 90 days after the date of filing	
REQUIRED SIGNATURE:	•
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)