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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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2014 HAR IO AM II: 14 Secretary of Secretary

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Brian King Custom Floori	ng II C		
	ne of Limited Liability Company		
The enclosed Articles of Organization and Please return all correspondence concerning	•		
Brian J King		_	
	Name of Person		
	Firm/Company		
-			
7109 Jarvis Road	Address	_	
Sarasota, FL 34241	7	201	
	City/State and Zip Code	至	- "" E
bking.bk65@gmail.com E-mail address: (t	o be used for future annual report notification)	2014 KAR 10	-
For further information concerning this ma	ft co	7	
Brian King	at (941) 313-4023		*****
Name of Person	Area Code Daytime Telephone Number	·	
Enclosed is a check for the following amou	ant:		
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of S			
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courler 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:		
Brian King Custom Flooring LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7109 Jarvis Road Sarasota, FL 34241	7109 Jarvis Road Sarasota, FL 34241	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual.)	dual or
The name and the Florida street address of the registered a	agent are:	
Joe King		
Name		
3133 Myrtle Street Florida street address (P.O. Box)	NOT acceptable)	
<u>Sarasota</u> City	FL 34243 Zip	
Registered Agent's Signatu	the appointment as registered agent and agree to fall statutes relating to the proper and complete igations of my position as registered agent as prover 605, F.S The property of the proper and complete igations of my position as registered agent as prover 605, F.S The property of	o act in this performance vided for in
(CONTINUE	a section of the sect	**
Page 1 of 2		

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Manager MGR	Brian J King
	7109 Jarvis Road
	Sarasota, FL 34241

EV: Effective date, if other than the date outline date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date outline date is listed, the date must be spefflling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
(Use attachment if necessary) EV: Effective date, if other than the date extive date is listed, the date must be spe filling.) EVI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
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