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TALLANCE TELEVISION DA

J. Stravers MAR 18 2014

COVER LETTER

	tration Section ion of Corporations		
SUDJECT: A	ART- ECO FLOORING LLC		
SUBJECT: <u>P</u>	Name of Lir	nited Liability Company	
The enclosed A	Articles of Organization and fee(s) a	re submitted for filing.	
Please return al	ll correspondence concerning this m	atter to the following:	
AL	EXEY CUELLAR	<u> </u>	
		Name of Person	
<u>AF</u>	RT-ECO FLOORING LLC		
		Firm/Company	
<u>15</u>	3 SE 8TH ST	<u></u>	
		Address	
CA	APE CORAL, FL 33990		
	C	City/State and Zip Code	
ALEXCU	ELLAR77@GMAIL.COM		
	E-mail address: (to be use	d for future annual report notifica	ation)
For further info	ormation concerning this matter, plea	ase call:	
TOT TATUTE	simulation bondering that makes, pre-		
ALEVEY OU	ELLAD	020 \ 600 0020	
ALEXEY CU	Name of Person	239) 699 9829 Area Code Daytime Tel	lephone Number
		·	•
Enclosed is a c	heck for the following amount:		
	<u>-</u>	[""] A . W. C.	—
☐ \$125.00 Filing	Fee \$\overline{\Pi}\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	□\$160.00 Filing Fee. Certificate of Status &
	Commence of Status	(additional copy is enclosed)	Certified Copy
		*;	(additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,		
iability Company, "L.L.C.," o	r "LLC.")	
ce of the Limited Liability Co	mpany is:	
Mailing Address:		
153 SE 8TH ST CAPE CO	ORAL .FL 3399	
		F
	11	
	-	
		•
NOT acceptable)		
FL 33990		1
Zip	DA SS	• ,
the appointment as registered a fall statutes relating to the prop	igent and agree to act is per and complete perfoi	n this mance
	Mailing Address: 153 SE 8TH ST CAPE CO Registered Agent's Signatue egistered Agent. You must despond acceptable) FL 33990 Zip ice of process for the above state appointment as registered all statutes relating to the projections of my position as registered as 1605, F.S	Registered Agent's Signature: egistered Agent. You must designate an individual of gent are: NOT acceptable) FL 33990 Zip Jice of process for the above stated limited liability con the appointment as registered agent and agree to act in the statutes relating to the proper and complete performations of my position as registered agent as provided to 605, F.S.

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	ALEXEY CUELLAR 153 SE 8TH ST CAPE CORAL FL 33990
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: 3/12/2014 (OPTIONAL)
EV: Effective date, if other than the date	ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date fective date is listed, the date must be sp	ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	of filing: 3/12/2014 (OPTIONAL) ccific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sported filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of any (In accordance with section of constitutes an affirmation und I am aware that any false information and the section of	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sported filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of any (In accordance with section of constitutes an affirmation und I am aware that any false information and the section of	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)