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SCORETARY OF STATE
SALLAHASSEF, FLORID



# **COVER LETTER**

			•	
TO: Registration Division of	n Section Corporations			
SUBJECT:	AVEN FLOOR!	V6 + TILE, L	LC	
The enclosed Articles	s of Organization and fee(s) are	e submitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	SHANE	HAVEN Name of Person		
	HAVION FL	Firm/Company	LLC	
	118	og NE Yth AV Address	E	
	6	AINESVILLE F ity/State and Zip Code	L 32641	
<del>, , , , , , , , , , , , , , , , , , , </del>	E-mail address: (to be used	ISTALLATIONS @ I for future annual report notifica	GMAIL COM =	
For further information	on concerning this matter, plea		HINR 31 RETAR AHASS	T aman
SHANE Na	HAVEN at (_	Area Code Daytime Tel	2014 HAR 31 PH 22: 24  Attion)  7393  Rephone Number	Graphy Market Street St
Enclosed is a check f	for the following amount:		200	
□ \$125.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	2\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Street/Courier 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:			
The name of the Limited	Liability Company is.			
HAVEN FL	OONING + TILE ust end with the words "Limited	LLC Liability Cor	mpany, "L.L.C.," or	"LLC.")
ARTICLE II - Address The mailing address and	: street address of the principal of	office of the Li	imited Liability Cor	npany is:
Principal Office Addres	<u>ss:</u>	Mailing A	Address:	
11809 NE 641NESVILLE 32641	FL AVE		SAME	
(The Limited Liability Canother business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration	Registered A		
The name and the Florid	a street address of the registered	•		
-	SHANE 1-	MYEN		
	Name 11809 NE 4	th AVE		
<del></del>	Florida street address (P.O. Bo	x <u>NOT</u> accept	able)	
_	GAINES VILLE City	FL	32641	
	City		Zip	
the place designated capacity. I further agre	registered agent and to accept se in this certificate, I hereby accep ee to comply with the provisions of familiar with and accept the ob Chap	ot the appoints of all statutes	nent as registered as relating to the prop	gent and agree to act in this er and complete performance
	00	<i>f</i> .		
	- Stu	LL_	nen'	
	Registered Agent's Signa	ature (KEQUI	KED)	

(CONTINUED)

Page 1 of 2

2014 HAR 31 PM 12: 24

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	SHANE HAVEN 11809 NE 4th AE GAINESVILLE FL 32641
MGR	CHRISTY HAVEN 11809 NE YH AVE GAINESVILLE, PL 52641
(Use attachment if necessary)	· ·
fective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be of filing.)	
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree f	
REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree f	member or an authorized representative of a member.  in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State release provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for the section constitutes at t	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)  HANT HAVEN  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  1)