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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEPARTMENT OF STATE

M. MILLIGAN EXAMINER

APR 17 2014



COVER LETTER

TO: Registration Division of C	Section Corporations		•
SUBJECT:	Margan Mar Name of Lin	nuel flooring	LLC_
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Matthew	Morgan Ma	muel
		Firm/Company	
	978	? Richardsov	RD
		Address	•
Ta	Mahassee S	Flori da 32 ity/State and Zip Code	2301
	<i>t</i>	ity/State and Zip Code	
	E-mail address: (to be used	ity/State and Zip Code 1 (988 @	tion)
For further informatio	n concerning this matter, plea		
Nan	ne of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for	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 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:
Moragan Manuel 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 Liability Company is:
Principal Office Address: Mailing Address:
978 Richardson RD Same Tallahassee Fl 32301
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:
Matthew Worgan Warnel Name 978 Lichardson RP
Name
978 Lichardson RP
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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 605, F.S Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

itle:	Name and Address:
MBR" = Authorized Member	1.11
IGR" = Manager	dother worden wance
1570	978 Richardson RD
	Tallahassee fl 32301
·····	
Use attachment if necessary)	
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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