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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Art's Floor Covering, LLC	
Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s	) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Beverly Singley	
	Name of Person
	Firm/Company
4540 Umudhama Diiya	
1549 Hawthorne Drive	Address
Sebring, FL 33870	
	City/State and Zip Code
singleys4@comcast.net E-mail address: (to be a	used for future annual report notification)
For further information concerning this matter, p	please call:
	( 863 ) 382-9392 or 863-235-0311
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee & Certificate of Status	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 Taliahassee, FL 32301

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Art's Floor Covering, LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE H. Advers		
ARTICLE II - Address: The mailing address and street address of the prin	acinal office of the Limited Liability Company is:	
The manning and the proof and the proof proof		
Principal Office Address:	Mailing Address:	
4540 Havethama On	1549 Hawthorne Dr.	
1549 Hawthorne Dr. Sebring, FL 33870	Sebring, FL 33870	<del></del>
Costing, FE 88810		
		-
ARTICLE III - Registered Agent, Registered (		to discident an
another business entity with an active Florida reg	its own Registered Agent. You must designate an	individual or
another business entity with all active Florida reg	istration.)	
The name and the Florida street address of the reg	gistered agent are:	
Beverly Singley		
	Name	
1540 Doughouse Da		
1549 Hawthorne Dr.	O. Box NOT acceptable)	
r torida succi addices (i	.o. box <u>itor</u> acceptable)	
Sebring,	FL 33870	
City	Zip	
		17: 11th
	ccept service of process for the above stated limited by accept the appointment as registered agent and a	
canacity I further agree to comply with the pro	visions of all statutes relating to the proper and co	mplete performance
of my duties, and I am familiar with and accep	t the obligations of my position as registered agent	as provided for in
., .,	Chapter 605, F.S	
ΩΛ	1/ /)	
Benjuly	X not land	As: -
Pagistared agent	's Signature (REQUIRED)	FC 1
Registered Agent	s significant (ASQUINED)	至了
		Section 1
(COI	NTINUED)	With the first
		TE Proper
P	tage 1 of 2	iles it is the
	:	SI SI

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
President - AMBR	Arthur Singley
	1549 Hawthorne Dr.
	Sebring, FL 33870
AMBR	Beverly Singley
	1549 Hawthorne Dr.
	Sebring, FL 33870
ective date is listed, the date must be	ate of filing: <u>April 25, 2014</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 de
EV: Effective date, if other than the descrive date is listed, the date must be of filing.)	
E V: Effective date, if other than the date	
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation up I am aware that any false interest in the constitutes are affirmation.)	
E V: Effective date, if other than the decrive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a light of the constitutes an affirmation upon I am aware that any false into constitutes a third degree ferometric date.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of States.
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ARTICLE IV-