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B. BOSTICK JUN **1 9** 2014

EXMINER

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Capitul Tile and Flouring Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anthomy Serge Name of Person	
Name of Person	
Firm/Company	
2214 Mulberry Blvd.	
Address	
Tallahussee, FL 32303 City/State and Zip Code	
City/State and Zip Code  Qa S 12h e my, ful. equ  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	-:
Anthony Serge at 954 505-6152 warman of Person Area Code Daytime Telephone Number of	فسيست
Anthony Serge at 954 505-6152  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 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 Street/Courier Address	

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Capital Tile and F (Must end with the words "Limited I	-looring, LLC
(Must end with the words "Limited I	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2214 Mulberry Blvd.	2214 Mulberny Blvd. Tallahassec, FU22303
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	-
Anthony Serg	e
r Hame	
2214 Mulberry Florida street address (P.O. Box I	BWd.
	, ,
<u>Tallahussee</u>	FL 3-303
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 1605, F.S
Registered Agent's Signatu	ure (REQUIRED)
<del>-</del>	

Page 1 of 2

(CONTINUED)

AMBR" = Authorized Member MGR" = Manager MG2	
MGR = Manager MG2	A 11
7, 0,1	Anthony Serge
	2214 Mulbern Blva
	Tallahassec, FL 32303
	****
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Jse attachment if necessary)	1 · · · · · · · · · · · · · · · · · · ·
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tive date is listed, the date must be specific a filing.)	
VI: Other provisions, if any.	
filing.) VI: Other provisions, if any.	
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VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member of the control of the c	or an authorized representative of a member.
FOUIRED SIGNATURE:  Signature of a member of the constitutes an affirmation under the p	or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
EQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State envided for in s, \$17.155, F.S.)
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