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PICK-UP	☐ WAIT	MAIL
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EFFECTIVE DATE

2014 JUL 18 PM 1: 40

K. SALY EXAMINER JUL 18 2014

COVER LETTER

	stration Section ion of Corporations		
SUBJECT: _	Charlie Robertson Flooring LLC Name of Li	mited Liability Company	
	Traine of Di	inited Discours, Company	
The enclosed A	Articles of Organization and fee(s) a	are submitted for filing.	
Please return a	all correspondence concerning this n	natter to the following:	
C	harles Robertson		
		Name of Person	
CI	harlie Robertson Flooring LLC	·	
		Firm/Company	
		•	
24	157 L.W. Barfield Rd.		
		Address	
Ta	illahassee Fl 32310	City/State and Zip Code	
	·	City/State and Zip Code	
jb46911@	@embargmail.com F-mail address: (to be use	ed for future annual report notifice	ation)
			,
For further info	ormation concerning this matter, ple	ease call:	
	,		
Charles Rob		850) 251-5499	
	Name of Person	Area Code Daytime Tel	lephone Number
	theck for the following amount:		
☑ \$125.00 Filing		□\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		((additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporat	cions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle
	l allaliassee, I is say 14	2001-DACCULIVE CCIR	ici Circic

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 8-1-20/1
Chartie Robertson 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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	2457 L.W. Barfield RD Tallahassee FI 32310
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered. Janice A Jones	Registered Agent. You must designate an individual or n.) agent are:
Name	54, 6
2457 L.W. Barfield Rd Florida street address (P.O. Box	NOT acceptable) FI 32310
Tallahassee	TL OZO IO
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
Registered Agent's Signat	ture (REQUIRED)

(CONTINUED)

Page 1 of 2

arles Robertson 57 I.W. Barfield rd Illahassee FI 32310 01/2014 (OPTIONAL) Inot be more than five business days prior to or
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