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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: <u>Eclectic F</u>	Flooring & Accents LLC Name of Lin	nited Liability Company	
The en	closed Articles of	Organization and fee(s) a	re submitted for filing.	
Please	return all corresp	ondence concerning this m	atter to the following:	
	Anne Smit	n	Name of Person	
			Name of Person	
	Eclectic Flo	poring & Accents		
			Firm/Company	
	9506 SW I	Karin St		
			Address	
	Hobe Sour	id. FL 3345	City/State and Zip Code	
. 9			nty/Blate and Esp code	
<u>a</u>	nnesmithfa@gm	aii.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther information	concerning this matter, plea	ase call:	
Anne	Smith	at (561) 401-5850	
731110		of Person		lephone Number
Enclos	ed is a check for	he following amount:		
□ \$ 125.6	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)
		ng Address	Street/Courier Add	ress
		ration Section on of Corporations	Registration Section Division of Corpora	tions ,
		lox 6327	Clifton Building	•

Tallahassee, FL 32314

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:	
Eclectic Flooring & Accents LLC (Must end with the words "Limited L	Liability 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:
9044 SE Bridge Road Hobe Sound, FL 3345 \$\cappa\$	9506 SW Karin St Hobe Sound, FL 33455
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	igent are:
Anne Smith Name	
9506 SW Karin St Florida street address (P.O. Box)	NOT acceptable)
Hobe Sound	FL 33455
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
(CONTINUE	
Page 1 of 2	

We attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REOUIRED SIGNATURE: Signature-64-a member or an authorized representative of a member. (In accordance with section 603 (203) (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Anne Smith Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional)	Title:	Name and Address:		
Use attachment if necessary) V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member			
Use attachment if necessary) V: Effective date, if other than the date of filing:		Amma Conside		
Use attachment if necessary) V: Effective date, if other than the date of filing:	Owner			-
Use attachment if necessary) V: Effective date, if other than the date of filing:		Hobo Sound El 22455		
Use attachment if necessary) V: Effective date, if other than the date of filing: Citive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 60 0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Anne Smith Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		Hobe Sound, FL 33499		_
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ARTICLE IV-