L14000/30587

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TO ACKNOWLE DESC

COLVERGROUD ACTIONS TO THE SECOND ACTION ACT

SECRETARY OF STATE

FILED AUG 20 PH 2:

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Sub
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael T. Allbritton Name of Person
Mike Allbrittons Flooring
1178 0x Bottom Rd
Tallahussee Fl 32312 City/State and Zip Code
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:
Mike Allbritton at 850, 566 7687
Name of Person Area Code Daytime Telephone Number
Epclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$ 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

The name of the Limited Liability Company is:	
Mike Allbritton's 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: 1179 Ox Bottom Rd Tallahasse FI 52312 Mailing Address: Mailing Address: Tallahasse FI Tallahasse FI 32312	1
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 of another business entity with an active Florida registration.)	r SEC
The name and the Florida street address of the registered agent are:	

ARTICLE I - Name:

Florida street address (P.O. Box NOT acceptable)

Tallaheosee FL 32312

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Michael Allbritton
	Tallahassee F1 32312
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	be specific and cannot be more than five business days prior to or 90 days after
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	11 2 2 /

(In accordance with section 605.0203 (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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2