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| PICK-UP | WAIT MAIL |
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| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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SECRETARY OF STATE
AHLESSEE FLORID

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COVER LETTER

| TO: | Registration Division of C | | | |
|------------------|-------------------------------|---|---|--|
| SUBJI | ECT: <u>AIRPO</u> | RT FLOORING & CABINI Name of Li | ETS LLC mited Liability Company | |
| The en | closed Articles | of Organization and fee(s) a | re submitted for filing. | |
| Please | return all corre | spondence concerning this n | natter to the following: | |
| | ANDREY | V L NICHOLS | Name of Person | |
| | | | Name of Person | |
| | <u>AIRPOR</u> | T FLOORING & CABINE | | |
| | | | Firm/Company | |
| | 353 AIRE | PORT RD S | Address | |
| | | | Addiess | |
| | <u>NAPLES</u> | . FL 34104 | City/State and Zip Code | |
| B | OSER@SMIT | | of for future annual report notifica | |
| | | e-mail address; (to be use n concerning this matter, ple | | ation) |
| 701101 | ther thiormation | n concerning this matter, pre | ase cair: | |
| ROSE | MARY A. RA | CUT at (| 239) 263-0829 Area Code Daytime Te | Late No. 1 |
| | INMI | ie of Person | Area Code Daytime 16 | lephone Number |
| Enclose | ed is a check for | r the following amount: | | |
| ☑ \$125.0 | 0 Filing Fee | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ling Address | Street/Courier Add | <u>ress</u> |
| | | stration Section sion of Corporations | Registration Section Division of Corporat | ions |
| | | Box 6327 | Clifton Building | - |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ited Liability Company, "L.L.C.," or | "LLC.") |
|---|--|
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| al office of the Limited Liability Com | ipany is: |
| Mailing Address: | |
| 353 AIRPORT RD S | |
| NAPLES, FL 34104 | |
| ation.) cred agent are: | Aliane an Individual of |
| ame | |
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| Day NOT assertable) | |
| Box MOI acceptanic) | |
| FL 34104 | |
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| of service of process for the above state except the appointment as registered agons of all statutes relating to the prope to obligations of my position as register hapter 605, P.S gnature (REQUIRED) NUED) | ent and agree to act in this er and complete performance |
| | Mailing Address: 353 AIRPORT RD S NAPLES. FL 34104 ce, & Registered Agent's Signature own Registered Agent. You must designation.) cred agent are: Box NOT acceptable) FL 34104 Zip at service of process for the above state opens of all statutes relating to the proper obligations of my position as registered hapter 605, P.S gnature (REQUIRED) |

| <u> Fitle:</u> 'AMBR" = Authoriz e d Member | Name and Address: |
|--|---|
| MGR" = Manager | AMBREWAY ANGLISTS |
| MGR | ANDREW L NICHOLS |
| | 353 AIRPORT RD S NAPLES, FL 34104 |
| | INAPLES, PL SHIOH |
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| Use attachment if necessary) EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. | |
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