L14006175052

(Red	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(3.1)		··-,
(Doc	cument Number)	
(500)	amone ramber,	
Cartified Coning	Cortificates	of Status
Certified Copies	Certificates	or Status
Special Instructions to F	iling Officer:	
		1

Office Use Only



500266350735

11/12/14--01012--017 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J.L.S. FLOORING, L.L.C. 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:
JOHNATHON L. SCRUGGS Name of Person
J. L. S. FLOORING, L. L. C. Firm/Company
4533 BANCROFT DR. Address
PENSACOLA, FL 3250 6 City/State and Zip Code
SCREUGES RUGS AND FL @ BEUSOUTH, NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHNATHON Scrubbs at 860 319 - 3798 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\frac{1}{2}\$

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
J.L.S. FLOORING	, L, L, C.	
	ted Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
4533 BANCROFT Dr. PENSOCOLA, FL. 32506	_Same	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	wn Registered Agent. You must desi	
The name and the Florida street address of the register	red agent are:	
JOHNATHON Nar	L. Scrubbs	
4533 BANC Florida street address (P.O. B	JROFT DR. Box NOT acceptable)	
PEUSACOLA	FL 32506	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Che	cept the appointment as registered agns of all statutes relating to the proper obligations of my position as register apter 605, F.S	gent and agree to act in this er and complete performance
/ (CONTIN	NUED)	WILLAND SECTION OF THE SECTION OF TH
Page 1 c	of 2	"NOV 12 A

<u>Title:</u> "AMBR" = Authorized Member "MCR" = Memorized Member	Name and Address:
AMBRE CPRESIDENT/OWNER)	JOHNATITON L. SCRUGES 4533 BANCROFT DR. PONSACOM, FL 32506
	PONSACOVA, FL 32504
EV: Effective date, if other than the date of filing	;: (OPTIONAL)
ective date is listed, the date must be specific an	g: (OPTIONAL) ad cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.)	g: (OPTIONAL) ad cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any.	g: (OPTIONAL) ad cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any.	g: (OPTIONAL) and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	nd cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203)	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) (constitutes an affirmation under the per	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State or wided for in a 817 155 F.S.)
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State wided for in s.817.155, F.S.)
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.)
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State vided for in s.817.155, F.S.) L COUGES or printed name of signee