## 44 000186750

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

் வாடுக்கை Office Use Only



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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Mike Simpsons Name of Limit	Flooring L.L.C ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Michael A Si	Name of Person
Mike Simpson	Flouring L.L.C
God palm bch	Address
Panama City Bch City Mad Mike Simpson 1970	FL 32413 /State and Zip Code // Compile Comportiture annual report notification)
For further information concerning this matter, please	
Michael Simpson at (8) Name of Person	SO 8 19-2153 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Mike Simpson's Flooring (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
602 Palm beach Dr panama city 13ch 1=1 32413	God Palm Bch DR Panama CHY Bch BR
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Michael A Si Name 1002 Palm beach Florida street address (P.O. Box N	MPSON  OT acceptable)
Pavana city Beh	FL 32413 Zip
capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga	re of process for the above stated limited liability company a eappointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signature	(REQUIRED)
(CONTINUED	(0 ~ 10
Page 1 of 2	AM 9: 57 EE.FEORIOA

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Michael A Simpson
	**************************************
<del></del>	
<del></del>	
EV: Effective date, if other than the octive date is listed, the date must be	late of filing: Nov 24 2014. (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days.
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	
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E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E V: Effective date, if other than the dective date is listed, the date must be of filling.)  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State flory as provided for in s.817.155, F.S.)
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