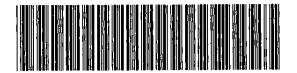
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(Re	equestor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

		•	*
TO: Registration Division of C			
SUBJECT: F	uggiero's Name of Lin	rlooring LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Richard	Fruggiero Name of Person	
		Firm/Company	•
49	118 Crawford	Ville Rd	
		Address	
Jal	lahassee F	Florida 32	<u> </u>
	Ų.	ity/State and Zip Code	
5}	E-mail address: (to be used	mail. COM I for future annual report notifica	ntion)
For further information	n concerning this matter, plea	ise call:	
Richard Fr	UGGLETO at (at (850 694-4	841
Nam	e ot/Derson	Area Code Daytime Tel	lephone Number
Enclosed is a check fo	r the following amount:		
\$125.00 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)
		64	

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:	
Fruggiero's Flooring LLC Offust end with the words "Limited Giability Company, "L.L.C.," or "LLC.")	
U(Must end with the words "Limited/flability 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: Mailing Address:	
1918 Crawfordville Rd Tall. Fl 32305	
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 or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Richard Froggiero Name of the Registered agent are:	
4918 crawforduille Rd	
Florida street address (P.O. Box NOT acceptable)	
Tallahassel FL 32305	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability comp the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perforn of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S.	this nance
Richard Fringero	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
M() K	James Williams
	4918 B Craw Forchille RO
	Tall, F1 32305
20=010+	Richard Fruggiero
165 Cles (4918 Craw Ford ville Rd
	1011, \$1 32365
	•
 	
Use attachment if necessary)	
V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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