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COVER LETTER

Division of Corporations	
SUBJECT: <u>Tab Flooring & More, L</u>	LC
N	Name of Limited Liability Company
The enclosed Articles of Organization a	
Please return all correspondence concer	ning this matter to the following:
Elsie V. Crippen	Name of Person
	Name of Ferson
Elsie V. Crippen, CPA	
	Firm/Company
4522 NE 4th Street	
	Address
Ocala, Florida 34470	City/State and Zip Code
ecgator@aol.com	
E-mail address:	: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Elsie V. Crippen Name of Person	at (<u>352</u>) <u>694-4442</u> Area Code Daytime Telephone Number
rane of Follow	The code Sayume Polephone Pranton
Enclosed is a check for the following an	nount:
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate o	·
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Tab Flooring & More, LLC (Must end with the words "Limited	I Liability Company, '	"L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited L	iability Company is:	
Principal Office Address:	Mailing Address	<u>:</u>	
6242 SE 125th Place Belleview, FL 34420	6242 SE 125th I Belleview, FL 34		- -
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. Yo		idual or
The name and the Florida street address of the registered	i agent are:		
Elsie V. Crippen Name	<u> </u>		
4522 NE 4th Street Florida street address (P.O. Bo:	x <u>NOT</u> acceptable)		
Ocala	FL 34470	<u>-</u>	
City	Zip		
Ilaving been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	ot the appointment as r of all statutes relating	registered agent and agree to the proper and complet	to act in this te performance
Registered Agent's Signa	1). Grig	rpen)	15 MAR 2
(CONTINU	JED)		5
Page 1 of 2	2		O

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	James T. Morris
	6242 SE 125th Place
	Belleview, FL 34420
AMBR	Garrett A. Peavy
	12790 SE 47 th Avenue
	Belleview, FL 34420
Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be s filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date tive date is listed, the date must be so filing.) VI: Other provisions, if any. EEQUIRED SIGNATURE: Signature of a magnetic of a magnetic date of the constitutes an affirmation under the constitutes at hird degree feloconstitutes a third degree feloconstitutes a third degree feloconstitutes at the feloconstitutes at the feloconstitutes at the feloconstitutes at the f	nember or an authorized representative of a member of 05.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true.