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SECRETARY OF STATE
DIVISION OF CORPORATION

× 04/26/15

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Ronald Breeden Flooring LLC 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:
Ronald Breeden
Name of Person
Ronald Breeden Fboring LLC
Firm/Company
1922 W Freeman Pl
Address
Citrus springs Fl. 34434
City/State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Ronald Breeden at 304 382 8374  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
(additional copy is enclosed)  (additional copy is enclosed)
Mailing Address Registration Section  Street/Courier Address Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, EL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Million of the World Difference Li	ability company, sisted, is also ,
ARTICLE II - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1922 W. Freeman Place	1922 W. Freeman Place
CHYUS Springs. Fr 34434	CHRUS Springs, FL 34434
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at Royald Breaker Name  1922 W Freen Florida street address (P.O. Box Market Springs  City	nan Pl
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Muthorized Member  "MGR" = Manager  MGR	Ronald Breeden 1922 W. Freeman Place Citrus Springs, Fr 34434
<u>.</u>	
(Use attachment if necessary)	
CICLE V: Effective date, if other than n effective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 day
FICLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)  FICLE VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 day
FICLE V: Effective date, if other than in effective date is listed, the date mudate of filing.)  FICLE VI: Other provisions, if any.	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 day
FICLE V: Effective date, if other than in effective date is listed, the date mudate of filing.)  FICLE VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 day

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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