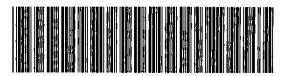
## L1500007 aa07

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/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:	





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APR 2 A 2015
J. HARRIS

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:		ustom Flooring, LLC	
	Name of Li	mited Liability Company	
The enclosed A	rticles of Organization and fee(s) a	re submitted for filing.	
Please return all	correspondence concerning this m	natter to the following:	
		Ryan Davy	
		Name of Person	
	Davy'	s Custom Flooring, LLC Firm/Company	
		rnn/Company	
<del></del>		6878 175th Drive Address	
		Live Oak, FL 32060 City/State and Zip Code	
-	ł	auda a 74@aarail aara	
For forther info		d for future annual report notificat	10n)
ror turmer mior	mation concerning this matter, ple	ase cair.	
<del></del>	Ryan Davy at (at (		phone Number
	Name of 1 cison	Alea Code Dayline Tele	sphone Number
Enclosed is a ch	eck for the following amount:		
] \$125.00 Filing I	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)
	Mailing Address Registration Section	Street/Courier Addre Registration Section	<del>25</del> 8
	Division of Corporations P.O. Box 6327	Division of Corporation Building	ons
	Tallahassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:			
	Davy's Custom	Flooring, I	LC.	
(1)	Must end with the words "Limite	d Liability (	Company, "L.L.C.,"	' or "LLC.")
ARTICLE II - Address an	ss: d street address of the principal	office of the	: Limited Liability	Company is:
Principal Office Addr	ess:	<u>Mailin</u>	g Address:	
6878 175th Drive			175th Drive	
Live Oak, FL 32060	The state of the s	Live C	ak. FL 32060	
The name and the Flori	da street address of the registere Ryan D Nam	avy		-
	6878 175t	h Drive		
	Florida street address (P.O. Bo		eptable)	•
	Live Oak	FL	32060	_
	City		Zip	
the place designated capacity. I further ag	l in this certificate, I hereby acce ree to comply with the provisions m familiar with and accept the o	pt the appoi of all statu	ntment as registered tes relating to the pi fmy position as regi	roper and complete performance
	llegan	11		_
	Registered Agent's Sign	ature (REQ	UIRED)	

(CONTINUED)

Page 1 of 2

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The second secon

Title:	Name and Address;
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Ryan Davy
	6878 175th Drive
	Live Oak, FL 32060
(Use attachment if necessary)	
of filing.)	ecific and cannot be more than five business days prior to or 90 day
of filing.) E VI: Other provisions, if any.	
of filing.) E VI: Other provisions, if any.	
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	De Andre
Signature of a mer  (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	
Signature of a mer  (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Signature of a mer  (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State
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Signature of a mer  (In accordance with section 60: constitutes an affirmation under I am aware that any false information constitutes a third degree felomy	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Ryan Davy Typed or printed name of signee
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E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  \$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Ryan Davy Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent  APR  APR