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Why

## COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: Semper Fi Name of I	Flooring, LLC 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:	
Micha	Name of Person	<b>-</b>
Semper	Firm/Company	
6026 C	Cheyenne Dr.	
	Meyenne Dr. 32570  City/State and Zip Code	STATE
	City/State and Zip Code	_
1962 MD	6 small com	_
	sed for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Michael Douglas at (	( <u>850</u> ) <u>324-0918</u> Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end w	mper Fi Floori	mpany, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street add	dress of the principal office of the L	imited Liability Company is:
<u>Principa</u>	Office Address:	Mailing Address:
6036 Ch	eyenne Dr. =L 32570	Same
RTICLE III - Registered Ager	nt, Registered Office, & Registere	
RTICLE III - Registered Ager The Limited Liability Company on the business entity with an ac-	at, Registered Office, & Registered Annot serve as its own Registered Ative Florida registration.)  Iddress of the registered agent are:  Michael Name	Agent. You must designate an individual or
RTICLE III - Registered Ager The Limited Liability Company on the business entity with an ac-	at, Registered Office, & Registered Attachment serve as its own Registered Attive Florida registration.)	Souglas  Jouglas

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
W-1-1-2	
MGR	Michael Douglas
	Milton, FL 32570
AMBR	Lorrie Douglas
	Milton, FL 32570
AMBR	Nathan Bradley 6026 Chevenne Dr
	Milton, FL 32570
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: (OPTIONAL)
ective date is listed, the date must be spend of filing.)  If the date inserted in this block does not manner of the Department of the Dep	neet the applicable statutory filing requirements, this date will no
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