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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JMD-Laring Core 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:
John Mathew Biza
JmB Flooring Care LLC.
1086 Putnam De.
Sarasota Florida 34234 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Biza at 941 387-6616 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{ \$\sum_{155.00}\$ \text{Filing Fee} & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\sum_{155.00}\$ \text{Filing Fee} & \sum_{155.00}\$ \text{Certified Copy} (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: 16 HAY 20 PH 2: 52
The name of the Limited Liability Company is: SECRETARY OF STATE TALLAHASSEE FLORIDA (Must end with the words "Limited Liability 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:
1086 Putnam DR. Sarasota. FC. 31234 Sarasota FC. 34234
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: John Biza
1086 Putnam DR. Florida street address (P.O. Box NOT acceptable)
Sarasota FL 34234 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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

Title: "AMBR" = Authorized Member "MGR" = Manager MGR" = Manager	16 HAY 20 STORETARY SUDVESSE	PM 2: 52
"MGR" = Manager WGR" = Manager MGR" = Manager	STORETARY SUBJECT SE	
		OF STATE E FLORIDA
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 5-18-16 (OP) (If an effective date is listed, the date must be specific and cannot be more than five business day the date of filing.)	PTIONAL) ys prior to or 9	0 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a mem (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this do constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	nber. ocument	
Typed or printed name of signee		
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)		

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