## L16000106554

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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EFFECTIVE DATE 05/25/16

00/03/18

## **COVER LETTER**

	gistration Section vision of Corporations			
SUB IDOT.	Floors By JP LLC			
SUBJECT:		of Limited Liabil	ity Company	
The enclose	d Articles of Organization and fe	e(s) are submitted	l for filing.	
Please return	n all correspondence concerning	this matter to the	following:	
	Janine Poland-Townsley			
•		Name of	Person	<del></del>
	Floors By JP LLC			
•		Firm/Co	mpany	
	1102 Mariposa Drive NE			
-		Addı	ess	· · · · · · · · · · · · · · · · · · ·
	Palm Bay, Florida 32905			
j	aninepoland-townsley@comcast.	City/State an	d Zip Code	
_	E-mail address: (to b		nnual report notifica	tion)
For further in	formation concerning this matter,	please call:		
j	Janine Poland-Townsley	717 at (	424-7388	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for the following amount	:		
<b>\$</b> 125.00 Fili	<del>-</del>	e & \$155.0 us Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
The hame of the Limited Liabi	my Company is.			
Floors By JP LLC				
	d with the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC."	)
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limit	ed Liability Company is	:
Prince	ipal Office Address:		Mailing A	ddress:
1102 Mariposa Dri	ve NE Palm Bay F1, 3290:	<u>5 PC</u>	) Box 100658 Palm Bay	/ Florida, 32910
MARKET				
(The Limited Liability Comparanother business entity with an The name and the Florida street	n active Florida registration	n.) agent are: sley Name		n individual or
	Palm Bay	Florida	32905	
	City	State	Zip	-
Having been named as registered place designated in this certifical further agree to comply with the am familiar with and accept the d	te, I hereby accept the appo provisions of all statuterry obligations of my position a	pintment as registed	ered agent and agree to deer and complete perform that as provided for in Chap ature (REQUIRED)	act in this capacity. I nance of my duties, and I

Page 1 of 2

Title: "AMBR" = Authorized Mem	Name and Address: er
"MGR" = Manager	Janina Poland Toyunalay
MGR	Janine Poland-Townsley 1102 Mariposa Drive NE Palm Bay Fl, 32905
	1102 Manposa Diffe (12 I ann Bay 11, 32703
EV: Effective date, if other the	on the date of filing: May 25, 2016 . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date i of filing.)	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other the ective date is listed, the date is filling.) the date inserted in this block ment's effective date on the D	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not b
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E V: Effective date, if other the ective date is listed, the date is filing.) the date inserted in this blockment's effective date on the D E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This documer	does not meet the applicable statutory filing requirements, this date will not b partment of State's records.  The of a member or an authorized representative of a member.  This executed in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other the ective date is listed, the date is filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature the document of the date is listed, the date is listed to the date of the date is listed.	does not meet the applicable statutory filing requirements, this date will not b partment of State's records.
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E V: Effective date, if other the ective date is listed, the date is filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature It am aware the constitutes a terms of the control of the constitutes a terms of the control of the constitutes a terms of the constitutes and the constitutes a terms of the constitutes a term of the constitutes a term of the constitutes a terms of the constitutes a terms of the constitutes a terms of the constitutes a term of the constitutes a terms of the constitutes a terms of the constitutes a term of the consti	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  The of a member or an authorized representative of a member.  The executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State any false information submitted for in s.817.155, F.S.