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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALFEU'S 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:
JOSE ALFEU DE OLIVEIRA Name of Person
Name of Person
ALFEU'S FLOORING LLC
Firm/Company
2094 OLD TREVOR WAY
Address
SARASOTA FL 34232 City/State and Zip Code
City/State and Zip Code
ALFEUOLIVEIRA 53 @ HOTMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSÉ ALFEU DE OLIVEIRA at (941) 490 2614 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 (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

ALFEUS FLOORING LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street add	ress of the principal	office of the Lim	ited Liabilit	y Compan	ıy is:	
<u>Principal</u>	Office Address:			<u>Mailin</u>	<u>g Address</u> :	
2094 OLD T	REVOR WAY		2094	OLD	TREVOR	WAY
SARASOTA FL	34232		SARA	50 TA	FL 342	32
ARTICLE III - Registered Agent (The Limited Liability Company canother business entity with an act	mnot serve as its ow	vn Registered Age			te an individua	l or
The name and the Florida street ad	dress of the register	ed agent are:				
	EDLA	OLIVEIRA				
		Name				•
	2094 OL	D TREVO	R WAY	/		
	Florida street addre	ess (P.O. Box NC)T acceptab	le)		
4	SARASOTA	FL	7	3423	2	
•	City	State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zip		
aving been named as registered ag ace designated in this certificate, I rther agree to comply with the prov n familiar with and accept the oblig	hereby accept the apvisions of all statutes	ppointment as regi relating to the pr	istered agen oper and co	t and agreemplete per	e to act in this c formance of my	apacity. I duties, and
	x Edlad Regi	Jueera stered Agent's Si	gnature (RE	QUIRED))	
		(CONTINUI	ED)			

Page 1 of 2

Title: "AMBR" = Λ_1	thorized Member	Name and Address:
"MGR" = Mar		MANGER (MGR) TORE ALFEU DE
MGR		MANGER (MGR) JOSE ALFEU DE OLIVEIRA 2094 DLD TREVOR WAY-SARASOTA-FL342
		
(Use attachment LE V: Effective fective date is lied of filing.)	•	filing:
LE V: Effective fective date is li of filing.) If the date inserte	date, if other than the date of sted, the date must be special	et the applicable statutory filing requirements, this date will not be
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LE V: Effective fective date is li of filing.) If the date inserte ment's effective LE VI: Other pro-	date, if other than the date of sted, the date must be specified in this block does not meet a date on the Department of sovisions, if any. Signature of a memily and a memily and a memily a memily a memily a memily a memily and a memily a memily a memily a memily a memily and a memily a me	ber or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State