## L1100013946

(Requestor's Name)	•
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	



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03/31/17--01043--020 \*\*160.00

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FILED

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Better Homes Name of Lin	FLOOPING L.C.
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
MALTHEW A	Phillips Name of Person
<del></del>	Firm/Company
9031 N.W. 1247	h gT. Address
Phillips matth	FL. 32626  City/State and Zip Code  ew FLooring Phot mail com  I for future annual report notification)
For further information concerning this matter, pleas	e call:
, , , , , , , , , , , , , , , , , , , ,	352 ) 363-0498 urea 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)  \$160.00 Filing Fee, Certificate of Status & 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

A	RT	'Ю	LE	I-	Na	me:
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The name of the Limited Liability Company is:

Better Homes FLOOPING L.L.C.

(Must contain 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:
9031 N.W 124th St	90.31 N.W. 124 th St
ChiefLAND FL: 32626	ChiefLAND FL 32626

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:

MAtthew Phillips

Name

9031 N.W. 124th St.

Florida street address (P.O. Box NOT acceptable)

Chief LAND FLA. 32626

City State 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)

17 MER 31 AM 8: 36

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Shelley Signs 8276 N. BAMBOO TERRACE Crystal River FL. 34428
M G B	MATTHEW Phillips 9031 N.W 1244Th STREET ChiefLAND, FL. 32626
effective date is listed, the date must te of filing.)	to date of filing: 3/30/17. (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 day  not meet the applicable statutory filing requirements, is date will not be ment of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	New Inlies
This document is e	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.  y false information submitted in a document to the Department of State

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)
\$ 5.00 Certificate of Status (Optional)

**ARTICLE IV-**