## 117000143815

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only State/21p) Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

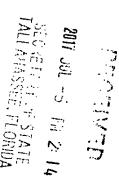
Office Use Only



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07/05/17

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Chris White floor Covering 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:
Chris White Name of Person
Name of Person
Firm/Company
9851 puckett RD 32348 Address
Address
persy FL - 32348 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris White at (850) 443-6428  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ S155.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name:
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The name of the Limited Liability Company is:

(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:
9851 puckett ra	 Same
pery FL. 32348	

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:

Chris White				
	Name			
9851 PU	ckett A	d		
Florida street address (P.O. Box NOT acceptable)				
Denx	FL	32348		
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)

	Citle;	Nome and Address.
	'AMBR" = Authorized Member	Name and Address:
	'MGR" = Manager	Chris White
	Man	
-	Manageo	_ 9651 puckett RP
	<b>U</b>	PENY FL
		32348
•		
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-	·	
(	Use attachment if necessary)	
RTICLI	EV: Effective date, if other than the date of filing:	(OPTIONAL)
f <sup>°</sup> an effe ie date o	ctive date is listed, the date must be specific and	I cannot be more than five business days prior to or 90 days after
		pplicable statutory filing requirements, this date will not be listed a
he docum	nent's effective date on the Department of State's	records.
	EVI: Other provisions, if any,	
RTICLI	s o mer provisions, it uny.	
RTICLI		
RTICLI		
	REOUIRED SIGNATURE:	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)