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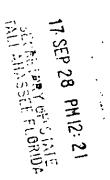
| (Red                      | questor's Name)   |                 |
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| (City                     | y/State/Zip/Phone | <del>= #)</del> |
| PICK-UP                   | ☐ WAIT            | MAIL.           |
| (Bus                      | siness Entity Nar | ne)             |
| (Doc                      | cument Number)    |                 |
| Certified Copies          | _ Certificates    | of Status       |
| Special Instructions to f | Filing Officer;   |                 |
|                           |                   |                 |
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## **COVER LETTER**

New Filing Section Division of Corporations

TO:

| SUBJECT: Mane 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:  |
| Mame of Person   |
| Name of Person   |
| Mand J FloorING LLC  |
| Firm/Company   |
| 1930 STAILWORTH LONE Lot 2   |
| Address  |
| PENSACOLA FLORIDA 32526  |
| SMIKE 153 (2) OUL, COM   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person Area Code Daytime Telephone Number  |
| Englosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\frac{1}{2}\$\$ S155.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ (additional copy is enclosed) |
| Mailing Address Street Address   |
| New Filing Section New Filing Section  |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building  |
| Tallahassee, FL 32314 2661 Executive Center Circle   |

Tallahassee, FL 32301



September 19, 2017

MICHAEL SPELLS 7930 STALLWORTH LANE LOT 2 PENSACOLA, FL 32526

SUBJECT: M AND J FLOORING LLC.

Ref. Number: W17000074733

## M and J FloorING OF PENSACOLA LLC

We have received your document for M AND J FLOORING LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

List the Titles by the individuals names.

Re**த**ுla**ஞ்** திpecialist II

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 617A00018957

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |            |
|--|---|------------|
| Mana J Flooring  | BEF PHENSACOLA LLC                                      | -          |
| (Must contain the words "Limited Liability Comp  | pany, "L.L.C.," or "LLC.")                              |            |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Lin  | mited Liability Company is:                             |            |
| Principal Office Address:  | Mailing Address:  |            |
| 7930 STAILWORTH LANS   | 7930 STAIL WORTH Lan                                    | 7 4        |
| LOT 2 PENSOCOIS A.   | RENISCIOLG Florids 3252                                 | 2          |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.) |   |            |
| The name and the Florida street address of the registered agent are:   | SEUNIA  | į.         |
| MICHAEL SPE<br>Name  | 7//S 28 7   |            |
|  | TH Lans Lot Lot Pro | - <b>:</b> |
| 1 ENDACO14 FC  | , 2d) dl == =   |            |

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

| Title:  "AMBR" = Authorized Member  | Name and Address:  |
|---|--|
| "MGR" + Manager   | MICHOEL SPEILS   |
| President (ambr)  | 1930 STAILLIOITH LANS L<br>DENEARDIG FLORIDA<br>32521    |
|   |  |
| +NEASURE (ambr)   | JEFFREY Alves<br>2036 Vason Drive<br>Cantennent FI 32537 |
| <del></del>   |  |
| (Use attachment if necessary)   |  |
| (Use attachment if necessary)  EV: Effective date, if other than the date of fill parties date is listed, the date must be specific | ing: 10/1/17 (OPTIONAL)                                  |

ARTICLE VI: Other provisions, if any.

the document's effective date on the Department of State's records.

REQUIRED SIGNATURE:

the date of filing.)

ARTICLE IV-

Michael Spelly

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Stantes.

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.

MICHAEL SPEIIS

Typed or printed name of signed

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)