4880100014884

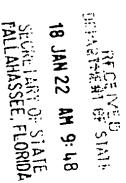
- -	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
_		
•	(Document Number)	_
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
	·	

Office Use Only



300307437823

01/22/18--01009--019 **125.00





COVER LETTER

	ng Section of Corporations				
SUBJECT:	Bryan Enbanks Flow Name of Limited Liability Con	npany			
The enclosed Arti	les of Organization and fee(s) are submitted for fili	ing.			
Please return all c	orrespondence concerning this matter to the following	ng:	- 3	HAME LANGE	٠,١
	Boyan Euban	1 ,5			
	Terry Weaver				
	1058 Taylor Rd Address				
	Address				
	Montrock FL 3 City/State and Zip	32344			
	City/State and Zip (Code			
	E-mail address: (to be used for future annual	report notification)			
For further informa	tion concerning this matter, please call:				
	Name of Person Area Code Da	354-35 <i>88</i> ytime Telephone Number	· \$-	भाग सम्ब	÷15
C. L. a. P. a. de	C. C de C. D. v. ive emanute				
\$125.00 Filing F	the following amount: See \$\int\\$130.00 \text{Filing Fee & Certified Co} \text{Certified Co} \text{(additional cop)}	Certificate of Status te)		
	New Filing Section New I Division of Corporations Divis P.O. Box 6327 Clifte Tallahassee, FL 32314 2661	t Address Filing Section ion of Corporations on Building Executive Center Circle thassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIA BILITY COMPANY

ARTICLE I - Name	АR	TIÇ	l.E i	i - Na	me
------------------	----	-----	-------	--------	----

The name of the Limited Liability Company is:

Bryan Eubanks FLoor Covering LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLCS)

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

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:

Bryan Eubants

1056 Taylor Rd mortseth Florida street address (P.O. Box NOT acceptable)

Monticulle FC 32344
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.

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager	Brugg Eubanks	\$ -	अस्य पक्षन	•
MC 12	1858 Taylor Rd monticelle R			
MGR	1058 Taylor Pal montacho FZ			
MCK				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL) I cannot be more than five business days prior to or 90 da	vs after		
he date of filing.)	applicable statutory filing requirements, this date will not be		ULTE OURSE	4,
ARTICLE VI: Other provisions, if any.		_		
				
REQUIRED SIGNATURE:	· kan			
Signature of a member or	an authorized representative of a member.			

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.

By 4 an Cychan K5

Typed or printed name of signce

MATE HAVE

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)