U8000083986

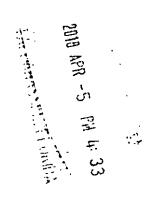
(Requ	uestor's Name)	
(Addr	ess)	1-y-y-(17a
(Addr	ess)	
(City/	State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



000311162960

04/06/18--01001--012 **129.00



FILED

2814 APR -5 PH 4: 36

JENNIGTARY OF STATE

COVER LETTER

i.

	ring Section ion of Corporations		
, SUBJECT:	AL Flooring in Name of Lim	Stallition LLC ited Liability Company	
The enclosed	Articles of Organization and fee(s) are	submitted for filing.	
Please return :	all correspondence concerning this mat	tter to the following:	
	Λ		
	Angel Gra	Name of Person	_
			_
_	2321 Jackson	Bluff rogal	
	Tallahassee, Fl	orida 32316 ity/State and Zip Gode	
	Carena dosalhi	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	-
For further info	rmation concerning this matter, please	call:	
Λ	2		
<u>H</u> ,	rgel Cranodo an (2	12310, 850 544 2564	
	Name of Person A	rea Code Daytime Telephone Number	
Englosed is a	check for the following amount:		
,	g Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee.	
\$125.90 1 1111	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
	Mailing <u>Address</u>	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
LA Flooring Installa	ation LLC
(Must contain the words Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	limited Liability Company is:
Principal Office Address:	Mailing Address:
2321 Tackson Bluff RD	Sama
32310	

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:

ARTICLE 1 - Name:

Angel Cranados

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

Talkhassee Florida 32310 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)

SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Angl (avancedos
	FIRST A CHAPTER
01 (10	2321 Jackson RIVFFID
MUCIK	Tallahassee Florida
Use attachment if necessary)	
•	(OPTIONAL)
EV: Effective date, if other than the date	e of filing:
ective date is listed, the date must be sp of filing.)	pecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not a	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.)	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not enem; seffective date on the Department	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not enent's effective date on the Department	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date sective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meaning section of the date of t	meet the applicable statutory filing requirements, this date will not be of State's records. A Company of the
E V: Effective date, if other than the date sective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be of State's records.

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-