## L18000108848

(Re	questor's Name)		
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(Cit	y/State/Zip/Phon-	e #)	
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## COVER LETTER

	New Filing Section Division of Corporations					
SUBJEC	Frank's carpet and flooring LLC					
SUBJEC		Limited Liabili	ty Company	<del></del>		
The enct	osed Articles of Organization and fee(s)	are submitted	for filing.			
Please re	turn all correspondence concerning this	matter to the f	ollowing:			
	frank ferrigno					
		Name of	Person			
	frank's carpet and flooring LLC					
	Firm/Company					
	610 se tanner ave					
	Address					
	Port Saint Lucie Florida 34984					
	ferrigno1315@gmail.com	City/State an	d Zip Code			
	E-mail address: (to be us	sed for future a	innual report notificat	ion)		
For furthe	r information concerning this matter, ple	ease call:				
	frank ferrigno	804 (	614-7575 )			
	Name of Person	Area Code	Daytime Telephon	ie Number		
Enclosed	I is a check for the following amount:					
<b>\$</b> 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	00 Filing Fee & [ed Copy al 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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	flooring LLC			
(Must	contain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and str	reet address of the principal	office of the Limite	ed Liability Company is:	
Pri	Principal Office Address:		Mailing Address:	
610 se tanner ave	610 se tanner ave Port Saint Lucie 34984		610 se tanner ave Port Saint Lucie 34984	
<del></del>			<del></del>	
				<del></del>
RTICLE III - Registered	d Agent, Registered Office	& Registered Ag	ent's Signature:	
nt Limited Liability Com	ipany cannot serve as its ow h an active Florida registrati	n Registered Ageni	. You must designate an individ	lual or
salet Gasilless chary was	ii mi active i forida registrati	on.,		
ne name and the Florida s	treet address of the registere	d agent are:		
e name and the Florida s	treet address of the registere	d agent are:		20 SE TAL
e name and the Florida s	<del>-</del>	d agent are:		2018 H SECS TALLA
e name and the Florida s	<del>-</del>			2018 HAY SECRETA TALLAHAS
ne name and the Florida s	trank ferrigno	Name	acceptable)	2018 HAY - 1 SECRE MAR TALLAHA 98EE
ne name and the Florida s	frank ferrigno 610 se tanner ave	Name	acceptable)	tal
e name and the Florida s	frank ferrigno  610 se tanner ave  Florida street addre	Name ss (P.O. Box <u>NOT</u>	• /	tal
	frank ferrigno  610 se tanner ave Florida street addre Port Saint Lucie City	Name ss (P.O. Box <u>NOT</u> florida State	34984 Zip	I ANIO: 2
ing been named as registe	frank ferrigno  610 se tanner ave Florida street addre Port Saint Lucie City ered agent and to accept serv	Name ss (P.O. Box <u>NOT</u> florida State vice of process for to	34984 Zip he above stated limited liability o	company at the
ing been named as registe e designated in this certifi	frank ferrigno  610 se tanner ave Florida street addre Port Saint Lucie City ered agent and to accept servicate, I hereby accept the app	Name ss (P.O. Box <u>NOT</u> florida State sice of process for to	34984 Zip he above stated limited liability of the capent and agree to act in the	company at the
ing been named as registe e designated in this certifi ter agree to comply with t	frank ferrigno  610 se tanner ave Florida street addre Port Saint Lucie City ered agent and to accept servicate, I hereby accept the applicate provisions of all statutes in	Name ss (P.O. Box NOT florida State vice of process for to cointment as registerelating to the prop	34984 Zip he above stated limited liability o	company at the is capacity. I

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager frank ferrigno - MGR	610 se tanner Port Saint Lucie Florida 34984
<del></del>	
(Use attachment if necessary)	
	f filing: 04/25/2018 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
	et the applicable statutory filing requirements, this date will not be listed as 'State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	vent-
Signature of a men This document is executed I am aware that any false is	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State  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)
\$ 5.00 Certificate of Section (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Frank Ferrigno