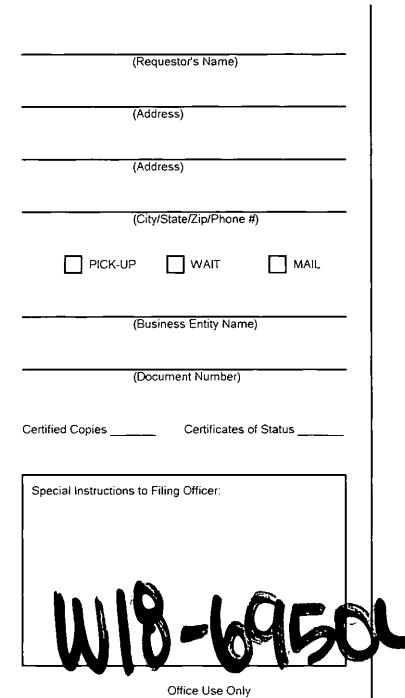
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T COLLINS
JUL 31 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2018

CHARLES RAY BURGOS 1388 LINCOLN AVE. N. FORT MYERS, FL 33917 US

SUBJECT: RAY BURGOS FLOORCOVERING

Ref. Number: W18000069504

We have received your document for RAY BURGOS FLOORCOVERING and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Taylor B Collins Regulatory Specialist II

Letter Number: 918A00015731

Zulbrus 19 The Train of Train

18 AUG 13 AM 10: 42

RAY Burges Floorcocking

1388 Lincoln AU NFM F1

33917 239-895-8821

Submit for LLC Cic

18 AUG 13 AM IO: L3

COVER LETTER

	Filing Section sion of Corporations		
SUBJECT: _	Ray Burga Name Of L	imited Liability Company	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.	
Please return a	all correspondence concerning this n	natter to the following:	
	Charles/Ray B	Ce. P.C. S Same of Person	
_	RAY Burge	Firm/Company	<u> </u>
_	1388 lincoln	Address	
_	N. T.t. Myers	FL 33917 City/State and Zip Code SHUQI'I, COM	
	E-mail widgess: (to be use	of for future annual report notification)	
For further info	rmation concerning this matter, plea	se call:	
.C.	harles 13urges at (239 S95-881 Area Code Daytime Telephone Number	<u></u>
Enclosed is a	check for the following amount:		
\$125.00 Filing	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	O Filing Fee, icate of Status & ed Copy is enclosed)
	Mailing Address	Street Address	MANUG NO.
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	<u> </u>
	P.O. Box 6327	Clifton Building	.⊊∏e-€ >>

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1388 lincoln 11ce N. F. J. Myars	1388 lincoln Ace.
33917	10.17 Myers 33917

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:

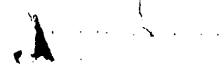
the chale	5 Burgh	5
	Name /	
1365 lincoln	Ave.	
Florida street addre		[acceptable)
N. Et. Mics	Fl	33917
City	State	Zip

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)

8 AUG 13 AM 10: 42



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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Charles Ray Burges	
Maa Mice		
(Use attachment if necessary)		
If an effective date is listed, the date must be specific te date of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ate's records.	
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	er or an authorized representative of a member.	
l his document is executed in l am aware that any false info	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.	
<u>Charles</u> Ty		

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)