## 119000034160

(Re	questor's Name)	
(Ad	dress)	
(,,,,	u.c.o.,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. <del>(1)</del>
(Oil	y/Otate/Elp/1 Hone	. <del>"</del> )
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Ďo	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only

K PAGE

JAN 3 0 2019



500323211555

01/24/19--01013--022 \*\*160.00

19 JAN 24 PM 2: 32

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:
---------------	------

The name of the Limited Liability Company is:

Andy's Flooring and More, LLC.

(Musicontain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
101 Pine Cone dr.	101 Pine conedr.
Davengort FL, 33897	Davenport, FL, 33897

## 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:

Wayde A. Cyr II

Name

101 Pine Cone dr.

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

Davenport FL 33897

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Wayde A. Cyr II Di Pine Code do. Vavenport, FL, 33897
(Use attachment if necessary)	
effective date is listed, the date must be site of filing.)	
effective date is listed, the date must be steen filing.)  If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days at it meet the applicable statutory filing requirements, this date will not be liste
effective date is listed, the date must be ste of filing.)  If the date inserted in this block does no ecument's effective date on the Department CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days at it meet the applicable statutory filing requirements, this date will not be liste
effective date is listed, the date must be steen filing.)  If the date inserted in this block does no ocument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days at it meet the applicable statutory filing requirements, this date will not be liste
effective date is listed, the date must be site of filing.)  If the date inserted in this block does no ocument's effective date on the Department of the De	specific and cannot be more than five business days prior to or 90 days af it meet the applicable statutory filing requirements, this date will not be liste
effective date is listed, the date must be site of filing.)  If the date inserted in this block does no ocument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exectly an aware that any factors.	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State
effective date is listed, the date must be ste of filing.)  If the date inserted in this block does no ocument's effective date on the Department of the Dep	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
REOUIRED SIGNATURE:  Signature of a lam aware that any faconstitutes a third deg.  Wayde:	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Drganization and Designation of Registered Agent

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

**ARTICLE IV-**