## L19000111746

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TEIL

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Creepy Carpet Guy S Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
mark Seyboth Name of Person
· · · · · · · · · · · · · · · · · · ·
ale12 Pineywood Irl. Address
Tall. Fl. 32305
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mank Seybothat, 850, 666-2111  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125,00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$}
Mailing Address New Filing Section  Street Address New Filing Section
New Filing Section New Filing Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Creepy Carpet Guys LLC
(Must contain the words "limited Liability Company, "L.L.C.," or "LL.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:
6612 Piney wood Irl.	6612 Pineywoodful
Tall. Fl. 32305	Tall. Fl. 32305

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:

MARL Seyboth

Name

Cele 12 Pineywood Frl.

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

Tall Fl. 32305

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)

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Title:	Name and Address:
"AMBR" = Authorized Membe	er .
"MGR" = Manager	march Spiloth
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(Use attachment if necessary)	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)