## L/9000140302

(Re	questor's Name)	
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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## COMER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: Preston Matthews Floor Installation; LLC 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:
Preston Matthews Name of Person
Name of Person
6832 Messer Rd.
Address
Sneads FL 32460 City/State and Zip Code
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed): 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of t	the Limited Liabilit	y Company is:			
	Preston	Matthews	Floor	Installation LC Company, "L.I.C." of "LLC.")	
	(Must cont:	ain the words "Limi	ted Liability	Company, "L.I.,C.," of "LLC.")	
	l - Address: address and street ac	ddress of the princip	al office of th	he Limited Liability Company is:	

Principal Office Address:	Staning Address:
6834 Masser Rd.	6832 Messer Rd,
Sneads, FL 32460	Sneads FL 32460
	·

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:

Preston	Mattheri	
	Name	
6832 Mes	ser Rd.	
Florida street addre		acceptable)
Sneads	FL	32460
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.

Pota Matt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

		Name and Address:
	uthorized Member	
"MGR" = Mar	nager	0
MOTE	<del></del>	Preston Matthews  6432 Musser R2.  Sheads For 32460
		- 6235 WAREE BJ.
		5, reals, Hr 32460
	int if necessary)	Miss. (OPPIONAL)
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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)

To Whom it may concern,

I, Preston Matthews, am the owner of the old LLE, Preston Matthews Floor Installation, I am filing a new LLE under the same name, Proston Matthews Floor Installation, LLC in which I am also the owner,

Preston Matthews

Park Must 06/04/2019