# L20000172052

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>: #</del> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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# **COVER LETTER**

TO: New Filing Section Division of Corporations		
-	d flooring + Home	2 Improvement LLC
The enclosed Articles of Organization and fee	e(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Lawrence	Ríle y Name offrerson	<del></del>
Riley's word	Storing & Home:	Improvement L.L.C
429 W. Brev	ard 5+. Address	FILE LANGES
Tall, Sla,	32301	26 PM
L Riley 6 ( E-mail address: (to be	City/State and Zip Code  (a has come used for future annual report notification)	1:03
For further information concerning this matter,	please call:	
Lawrence Riley Name of Person	at ( <u>850</u> ) <u>210 - 60 9 9</u> Area Code Daytime Telephone Num	? lber
Enclosed is a check for the following amount		
□\$125.00 Filing Fee □\$130.00 Filing I Certificate of Stat	us Certified Copy C (additional copy is enclosed) Co	\$160,00 Filing Fee. ertificate of Status & crtified Copy litional copy is enclosed)
Mailing Addraw	Straat Address	

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	A	R	TI	C	LΕ	١-	N	ame:
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The name of the Limited Liability Company is:

Riley's woodflooring & Home Improvement L.L.C. (Must conatin the words "Limited Hability Company, "L.L.C." or "L.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:
429w. Brevard St.	429 W. Bregged St. E T.
	The state of the s
ARTICLE III - Registered Agent, Registered Office, & Registe	ered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ed Agent. You must designate an individual of
The control of the Third have a self-to-market and the self-to-make and	
The name and the Florida street address of the registered agent are	:: D. 1
Lawrence	Niley
Name	
4/29 W. Brev	
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
-tall +	la, 32301
City Stat	te 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 grovided for in Chapter 605. F.S.

Registered Regul S Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	er Lawrence Riley  yaq w. Brevard St.  Till fla. 32301
<del></del>	
	PA TO BE TO BE
(Use attachment if necessary)	
(If an effective date is listed, the date must be spethe date of filing.)  Note: If the date inserted in this block does not m	of filing:
the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	of State's records.
REQUIRED SIGNATURE:	- (1.)
This document is execut I am aware that any false	mber or an authorized representative of a member, ed 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.
Lawre	Typed or printed name of signee

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

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)