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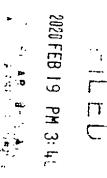
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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	T: Lindts Floor, Li	<u> </u>	
	Name of Limited Liabi	lity Company	
The enclo	osed Articles of Organization and fee(s) are submitted	d for filing.	
Please ret	turn all correspondence concerning this matter to the	following:	
	Rill Anto	r MA	
		f Person	
	Accounting	Soral Tax & Services, LLC. ado Blvd. South	-
		ral, FL 33904	020 FEB
		·	
	City/State at BITIAntar @ Capptaxes. Cor E-mail address: (to be used for future		19 PM 3: 4
For further	information concerning this matter, please call;	[6]	<u>τ</u>
	Bill Antar 31 (239	,540-7500	
•	Name of Person Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:		
S125.00 I	Certificate of Status Certif	00 Filing Fee & S160.00 Filing Fee led Copy Certificate of Statu Certified Copy (additional copy is en	s &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallaliansee, 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LINGLES FLOORING, LLC. 715 SE 8TH PLACE CAPE CORAL, FL. 33990

ARTICLE H - Address:

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

LINGLES FLOORING, LLC. 715 SE 8TH PLACE CAPE CORAL, FL 33990

Principal Office Address: Mailing Address:

715 SE 8TH PLACE CAPE CORAL, FL. 33990

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD, S.
CAPE CORAL, FL 33904

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. Thereby 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)
Page 1 of 2.

ARTICLE IV- Manager(s) or Authorized Member

The name and address of each Manager or Huthorized meater is as follows:

CHAD A LINGLE Authorized Member 715 SE 8TH PLACE CAPE CORAL, FL 33990

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any fidse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17,155, F.S.)

Typed or printed name of signee

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