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	(Requestor's Name)
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PICK-UP	WAIT MAIL
 -	(Business Entity Name)
•-	
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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COVER LETTER

	w Filing Sect vision of Cor			
SUBJECT:			octing, LL	<u></u>
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ndence concerning this matt	er to the following:	
		Christian	Manuel Satt	erfield
		<u> </u>	Firm/Company	<u>-</u>
	1.	15 Barber	- RJ	
			Address	
		rawfordville	FL , 32327	
		Circle Circle	1y/State and Zip Code Christian© 9Mc	21 /
-	<u>. </u>	E-mail address: (to be used f	or future annual report notificati	11. COM
For further in		ncerning this matter, pleuse		
	Christia Nam	Satterlied at (8	250 798 - 20 ea Code Daytime Telephon	o Number
Enclosed is	s a check for t	he following amount:		
⊠\$125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	ng Address	Street Address	ivision

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

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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CMS Flooring	ig iLLC
(Must contain the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
115 Dacher R	115 Parker Rd

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:

Cx	risti	92	S	atterfi	e19
	ì	Vame			
115	Bark	796	Rd		
Florida stre	et address (P.O. Bo:	x <u>NOT</u> a	cceptable)	
Crawfor	duale	FL			46
C	City	State	;	Zip	

<u>Cramfordville</u>

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..

Regatered Agent's Signature (REQUIRED)

(CONTINUED)



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $AMBR$	Christian Manuel Satterfield FF 115 Barber Rd Crawfordville FL 33337
(If an effective date is listed, the date must be sp the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
Signature of a me This document is execu I am aware that any false constitutes a third degre	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
<u> </u>	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)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-