(Requestor's Na	me)
(Address)	
 		
(Address)	
	Catal Chana Flore F	<u> </u>
(City/State/Zip/F	none #)
PICK-UP	\ \ \ \ \ \ \ \ \ \	IT MAIL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:			
Palm	TS/Cry(Flooring	& Supplies	LLC

ARTICLE II - Address:

ARTICLE I - Name:

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

<u>Princi</u>	pal Office Address:	-20	<u>Mailing Address</u> :	
4525 (apital Ciccle	NW -	4525 Capital Cricle NW	230
Tall . F	132383	 -	Tall FD 32303	

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:

amile	Name Lope	m		
4525	Capital	Circle	NW	230
Florida street ac	idress (P.O. Box <u>NOT</u>	acceptable)		
Tall	FI 323	303		
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)

2022 DEC 29 AM 1:31 SECRETARY OF STATE

ARTICLE IV- The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	\wedge
AMBR	Unikas Lopem 1221 Bolder Ste NO 16110 GA 39828
(Liverage houses if account of	
(Use attachment if necessary)	<u> </u>
(If an effective date is listed, the date must be sp	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	
Signature of a m	ember or an authorized representative of a member.
I am aware that any fals	ated in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State
	ee felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
\$175.00 Filing Fee for Articles of ()	Filing Fees: rganization and Designation of Registered Agent 💢 👸
\$ 30.00 Certified Copy (Optional)	rganization and Designation of Registered Agent
S 5.00 Certificate of Status (Optio	

as