# L23000432891

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
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(Document Number)	
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
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Office Use Only



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# COVER LETTER

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	iling Section on of Corporation	18			
SUBJECT:	Johns	Flooring Name of Lar	and lited Liability (	Roofing	uc
The enclosed Ar	ticles of Organiza	ntion and fee(s) are	submitted for	filing.	
Please return all	correspondence c	oncerning this ma	tter to the follo	wing:	
	John	J Wes	ley 5	haw	
<u></u>	Johns	Flooring	and	Roofing	LLC
		J	Firm/Comp:	iny )	
	3109	B , cy	cle K	2d Lot	H 18
	_				
	Talle	nhassee	tior:	da 32 ip Code	304
	Johnsh	c aw 22355	ity/State and Zi	ip Code	
·				al report notificat	ion)
For further inforn	nation concerning	this matter, please	call:		
John	J Wesle	y Shawling &	350	<u>491 – 114</u> Daytime Telephon	2
	Name of Pers	ufn Ar	ea Code — I	Daytime Telephon	e Number
Enclosed is a ch	eck for the follow	ing amount:			
<b>735</b> 125.00 Filin	g Fee \$130 Certifi	).00 Filing Fee & cate of Status	Certified C	Filing Fee & Copy Opy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Addres	<u>is</u>	Str	eet Address	
	New Filing Sect Division of Cor	ion		v Filing Section Di Centre of Tallah	
	P.O. Box 6327		241	5 N. Monroe Stre	et, Suite \$10
	Tallahassee, FL	5251 <del>4</del>	Tal:	lahassee, FL 3230	.)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLE	I - Nai	ne:
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The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L." or "LLC.")

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
3109 Bicycle Rd Lot#18 1911ahassee 71 32304	SAME	
'Iallahassee FI 32304		

## 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:

Name

660 W. Brevard St

Florida street address (P.O. Box NOT acceptable)

[allahassee [2 32304]

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)

# ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager  MC-R	John Wesley Shaw  3109 Bicycle ld 10+#18  Tallahassee To 32304	
<del></del>		
(Use attachment if necessary)		
If an effective date is listed, the date must b he date of filing.)	date of filing:	
ARTICLE VI: Other provisions, if any.	<del>_</del>	_
REQUIRED SIGNATURE:	twelled Ann	-
This document is a lam aware that any	a member or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	
	Typed or printed name of signee	
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Options \$ 5.00 Certificate of Status (Op		

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