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SUBJEC		=	s, LLC			
SUBJEC		Name of I	imited Liabil	lity Company		
The enclo	osed Articles of	Organization and fee(s)	are submitted	l for filing.		
Please ret	urn all correspo	ondence concerning this i	matter to the	following:		
	Raymond Joi	nes				
Name of Person Jones Walls and Flooring Solutions, LLC Firm/Company 284 S Orchard St Address Ormond Beach, FL 32174 City/State and Zip Code Jones Wallsand Flooring Solutions @gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:						
	Name of Limited Liability Company sed Articles of Organization and fee(s) are submitted for filing. arn all correspondence concerning this matter to the following: Raymond Jones Name of Person Jones Walls and Flooring Solutions, LLC Firm/Company 284 S Orchard St Address Ormond Beach, Fl. 32174 City/State and Zip Code JonesWallsandFlooringSolutions@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Raymond Jones at (Area Code Daytime Telephone Number) s a check for the following amount:					
			Firm/Co	ompany	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	284 S Orchai	rd St		nited Liability Company e submitted for filing. atter to the following: Name of Person LC Firm/Company Address City/State and Zip Code il.com I for future annual report notification) e call: 86 898-3443 rea Code Daytime Telephone Number S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address		
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	Ormond Bea	ch, FL 32174				of Status & Copy opy is enclosed)
	Jones Wallsand	dFlooringSolutions@gm	•	nd Zip Code		of Status & py oy is enclosed)
	E	E-mail address: (to be use	ed for future	annual report notification	on)	
or further	information cor	ncerning this matter, plea	ase call:			
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	New Fi Divisio P.O. Bo	ling Section on of Corporations ox 6327		New Filing Section Dir The Centre of Tallaha 2415 N. Monroe Stree	ssee t, Suite 810	2024 (DAT = 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:		
Jones Walls and F	Flooring Solutions, LLC		
(Must co	ontain the words "Limited Li	ability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal off	ice of the Limi	ted Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
284 S Orchard St		2	84 S Orchard St
Ormond Beach, F	1. 32174	()	Ormond Beach, FL 32174
ARTICLE III - Registered at (The Limited Liability Comparanother business entity with a The name and the Florida stre	any cannot serve as its own R an active Florida registration.	egistered Ager)	gent's Signature: nt. You must designate an individual or
•	Christopher Jones	5 *****	
	· · · · · · · · · · · · · · · · · · ·	Name	
	4235 Marsh Landing B	lvd Apt. 331	
	Florida street address (P.O. Box <u>NO</u>	[acceptable)
	Jacksonville Beach	FL.	32250
	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 agreeistered agent ag 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:

"AMBR" = Authorized Member "MGR" = Manager MGR Raymond Jones 284 S Orchard St Ormond Beach, FL 32174 AMBR Christopher Jones 4235 Marsh Landing Blvd, Apt 331 Jacksonville Beach, FL 32250 (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: April 20, 2024 (OPTIONAL ffective date is listed, the date must be specific and cannot be more than five business days prior to coffiling.) If the date inserted in this block does not meet the applicable statutory tilling requirements, this date valuench's effective date on the Department of State's records. (LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an afthorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). Florida State and a ware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Raymond Jones Typed or printed name of signee Filing Fees;	
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