# L04000000030

SECRETARY OF STATE TALLAHASSEE. FLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_ Special Instructions to Filing Officer:

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04 JAN -5 AM 10: 00

### SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section \_\_\_\_\_ Division of Corporations

| SUBJECT: BISHOP CERAMIC TILE & MARBLE LLC   |    |
|---|----|
| The enclosed Articles of Organization and fee(s) are submitted for filing: Please return all correspondence concerning this matter the following: |    |
| TODD ALLEN BISHOP   |    |
| (Name of Person)  |    |
| BISHOP CERAMIC TILE & MARBLE LLC  |    |
| 1481 Countryhills Drive   |    |
| (Address)   |    |
| Cantonment, FL 32533(City/State and Zip Code)   |    |
| For Further information concerning this matter, please call:  |    |
| TODD ALLEN BISHOP at (850)  |    |
| (Name of Person) (Area Code & Daytime Phone   | #) |

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04 JAN -5 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I-NAME:

The name of the Limited Liability Company is:
BISHOP CERAMIC TILE & MARBLE LLC
ARTICLE II-ADDRESS:

ARTICLE IIIRegistered Agent, Registered Office, & Registered Agent's
Signature:

TODD ALLEN BISHOP

(Name)

1481 Countryhills Drive (Florida street address-P.O. Box NOT acceptable)

Cantonment, FL 32533 (City, State, and 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 obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature)

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# ARTICLE IV-Manager(s) or Managing Member(s)4: JAN -5 AM 10:00

| Title:                                      | Name and Address: SECRETARY OF STATE TALLAHASSEE. FLORIDA   |
|---|---|
| MGR   | TODD ALLEN BISHOP   |
| •   | 1481 Countryhills Drive, Cantonment, FL 32533   |
|   |   |
|   |   |
| the execution of this do                    | ion 608.408(3), Florida Statutes, cument constitutes an affirmation erjury that the facts stated herein |
| TODD ALLEN BISHOP (Typed or printed name of | f signer)   |
| (Signature)                                 |   |
| (Typed or printed name of                   | signer)   |
| (Signature)                                 |   |
| (Typed or printed name of                   | signer)   |