L04000013256

(Requestor's Name)

Florida Capital Development Inc.
407 E. New Haven Ave.
Melbourne, FL 32901
(321) 727-2678

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

L04-13256

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 10, 2004

FLORIDA CAPITAL DEVELOPMENT, INC.
407 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

SUBJECT: INTERIOR GRANITE DESIGNS, LLC
Ref. Number: W04000005586

We have received your document for INTERIOR GRANITE DESIGNS, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 2, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00009034

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE: ~~01-01-04~~ ~~02-01-04~~ 02-02-04

ARTICLE I – The Name of the Limited Liability Company is:
INTERIOR GRANITE DESIGNS, LLC

ARTICLE II – PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS
PO BOX - 411304
MELBOURNE, FL. 32941-1304

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida street address of the registered agent is:
FRANK BRUNN
407 EAST NEW HAVEN AVENUE
MELBOURNE, FL. 32901-4507

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 608, F.S.

1-31-4

Registered Agent's Signature Date

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TALLAHASSEE, FLORIDA

ARTICLE IV – LIMITED LIABILITY PURPOSE IS ANY LAWFUL PURPOSE

ARTICLE V – MANAGING MEMBERS NAME AND ADDRESS
SALVATORE M. LOVASCO
PO BOX - 411304
MELBOURNE, FL. 32941-1304

Salvatore M Lovasco

Signature of a member or an authorized representative of a member.

SALVATORE M. LOVASCO 1/31/2004

Typed or printed name of signee Date