

L05000102987

(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:

Name
Availability

Document

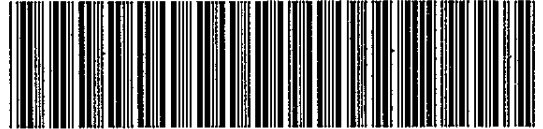
Examiner DCC
Office Use Only

Updater DCC

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



700060609697

10/17/05--MORNING--004 **160.W

FILED
SECTION 17 P 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & M Custom Ceramic Tile Setting L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette Sammons
(Name of Person)

A & M Custom Ceramic Tile Setting
(Firm/Company)

5816 Regent Road
(Address)

Venice, Florida 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

Annette Sammons at (941) 650-9839
(Name of Person) (Area Code & Daytime Telephone Number)

~~941-493-1978~~
~~941-650-9840~~

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 17 P 2:01

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & M Custom Ceramic Tile Setting L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

5816 Regent Road

Venice, Fl 34293

Mailing Address:

5816 Regent Road

Venice, Florida 34293

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

The name and the Florida street address of the registered agent are:

Annette Sammons

Name

5816 Regent Road

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

Venice FLORIDA 34293-

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 obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Annette Sammons

Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2005 OCT 17 11:00 AM

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
"MGR"	W. Michael Sammons 5816 Regent Road Venice, FL 34293
"MGRM"	Annette Sammons 5816 Regent Road Venice, FL 34293

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Annette Sammons
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2005 OCT 17 P 2:07

FILED

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

760-

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.

STATE USE ONLY
Effective/Issue Date: _____
Expiration Date: _____
Control Number: _____
Postmark Date: _____
Received Date: _____

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

I am applying for exemption as a (check only one box in this section):
CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)
 Sole Proprietor Partner Corporate Officer (your corp. title: _____) -OR-
NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)
 Corporate Officer (your corp. title: _____)

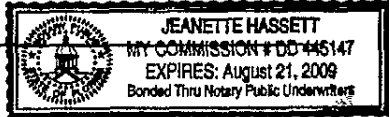
CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): N/A

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>Annette Sammons</u>		Trade Name; d/b/a; or a/k/a: <u>A & M Custom Ceramic Tile Setting</u>		
Business Mailing Address: <u>5816 Regent Road</u>		City: <u>Venice</u>	State: <u>Florida</u>	Zip: <u>34293-6646</u>
County: <u>Sarasota</u>	Phone No.: <u>(941) 493-1978</u>	Nature of Business: <u>tile setting</u>	FEDIN: <u>81-0625111</u>	
Unemployment Compensation Tax No: <u>2504030-9</u>	Date Business Established: <u>2000</u>	No. of Employees: <u>0</u>		
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____				
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input checked="checked" type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE				
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input checked="checked" type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____				

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

<u>Annette Sammons</u>	<u>492, 70, 2394</u>	<u>04, 30, 66</u>
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION		
<u>Annette Sammons</u>	<u>10, 11, 05</u>	
APPLICANT'S SIGNATURE		
NOTARY STATE OF FLORIDA, COUNTY OF <u>Sarasota</u>		
Sworn to and subscribed before me this <u>11th</u> day of <u>October, 2005</u> , by <u>Annette Sammons</u>		
Personally Known <input checked="checked" type="checkbox"/> OR Produced (Certification) _____ Type of Identification Produced _____		
NOTARY SIGNATURE <u>Jeanette Hassett</u> My Commission Expires _____		



(SEE REVERSE FOR ADDITIONAL INFORMATION)

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	_____
Expiration Date:	_____
Control Number:	_____
Postmark Date:	_____
Received Date:	_____

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

Sole Proprietor Partner Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): N/A "N/A"

**THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION
AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION**

Business Name: <u>W. Michael Sammons</u>		Trade Name; d/b/a; or a/k/a: <u>A & M Custom Ceramic Tile Setting</u>	
Business Mailing Address: <u>5816 Regent Road</u>		City: <u>Venice</u>	State: <u>Florida</u>
Zip: <u>34293-6646</u>			
County: <u>Sarasota</u>	Phone No.: <u>(941) 493-1978</u>	Nature of Business: <u>Tile setting</u>	FEIN: <u>81-0625111</u>
Unemployment Compensation Tax No.: <u>2504030-9</u>	Date Business Established: <u>Jan. 03, 2000</u>	No. of Employees: <u>0</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Walter Michael Sammons 267 25 1303 04 / 02 / 56
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day yr.
Walter Michael Sammons 10, 11, 05
APPLICANT'S SIGNATURE SARASOTA DATE SIGNED

Sworn to and subscribed before me this 11th day of October, 2005 by Walter Michael Sammons

Personally Known OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Jeanette Hassett My Commission Expires _____



(SEE REVERSE FOR ADDITIONAL INFORMATION)

2005-06

RECEIPT FOR PAYMENT

SARASOTA COUNTY OCCUPATIONAL LICENSE TAX

ACCOUNT NO.

3905580052094

THIS TAX DOES NOT ASSURE QUALITY OF WORK OR CONFIRM THAT REGULATORY OR ZONING REQUIREMENTS HAVE BEEN MET. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE COMPLIANCE.

MACHINES

ROOMS

SEATS

EMPLOYEES

BUSINESS TYPE
390586 TILE INSTALLATION

5816 REGENT RD
VENICE FL 34293

BUSINESS
ADDRESS

A & M CUSTOM CERAMIC TILE SETTING
5816 REGENT RD
VENICE, FL 34293

PAID-2202909.0001-0002 \$16 09/16/2005 28.86

ACTIVE

BARBARA FORD-COATES TAX COLLECTOR
101 S. WASHINGTON BLVD., SARASOTA, FL 34236-6993
(941) 861-8300

www.SarasotaTaxCollector.com • info@SarasotaTaxCollector.com

MUST BE DISPLAYED IN A CONSPICUOUS PLACE
VALID UNTIL 10/1/06

INFORMATION ONLY: REMOVE OR FOLD BEHIND BEFORE POSTING LICENSE

THIS RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA
AND SARASOTA COUNTY ORDINANCE 91-084, AS AMENDED

The law requires this receipt/license to be displayed conspicuously at the place of business so that it is open to the view of the public and available for inspection. Upon failure to do so, the business shall be subject to the payment of another full tax for the same business, profession or occupation.

Payment is due each year by September 30th. Payment after September 30th is delinquent and subject to a penalty of 10% for the month of October, plus an additional 5% penalty for each month thereafter. The total delinquency penalty shall not exceed 25% of the tax. A 25% penalty is imposed on any person engaged in any new business, occupation or profession without first paying a Sarasota County Occupational License Tax.

This receipt is an occupational tax only. It does not permit the person/business to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law. This receipt/license does not assure quality of work.

All businesses in Sarasota County are responsible for complying with the Sarasota County mandatory rec. cling ordinance.

Occupational License Taxes are subject to change according to law.