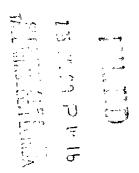
## L05000072875

(F	Requesto	's Name)	
	\ddress)		
(/	Address)		
(0	City/State	Zip/Phone	<del>#)</del>
PICK-UP		WAIT	MAIL
(E	Business	Entity Nam	ne)
(L	Document	Number)	
Certified Copies	0	ertificates	of Status
Special Instructions t	p Filing C	officer:	
Manre Av <b>a</b> ilabilli <b>ty</b>		Physical desired and the second	
Socument Caminer			
Updater	D.∕Offic	e Use Onl	у
Uprlater Verifyer	DCC		
Ac'-nowledgement	DCC		
W. P. Verifver	DCC		



300057585833

07/20/05--01013--023 \*\*160.00



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Agane To (Name of Limited	d Liability Company)	***
The enclosed Articles of Organization and fee(s) are so Please return all correspondence concerning this matter	_	
John B	arberi Name of Person)	<u>.</u>
Agape 7	Firm/Company)	
<u>5333</u> Cheru	(Address)	
Milton, (City)	State and Zip Code)	
For further information concerning this matter, please		SECRET TALLAHA
(Name of Person)  Enclosed is a check for the following amount:	at ( <u>850</u> ) <u>981-</u> (Area Code & Daytime Te	5 4 14 / S JUL 20 P S
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Agape Tiling, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompany is:
Principal Office Address: Mailing Address:	
5333 Cherub Cir 5333 W Cherub Cir Milton, FL 32583 Milton, FL 32583	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	re:
The name and the Florida street address of the registered agent are:	
John Barberi Name	
5333 Cherub Cir Florida street address (P.O. Box <u>NOT</u> acceptable)	
Milton, FL 32583 Em E City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stalliability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provestatutes relating to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 60	ited limited tment as isigns of al with and
Han Barlin Registered Agent's Signature	

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manage "MGRM" = Mana			
MGR	_	John Barberi 5333 Cherub Cir	_
		milton, FL 32583	
MGR		Melissa Barberi	
		Melissa Barberi 5333 Cherub Cir Milton, FL 32583	<u> </u>
	_		
	<del>-</del>		<u> </u>
(Use attachment if	necessary)		
•	•	added if an effective date is requested.	
REQUIRED SIG		•	
		nd Pos	
	• 0	an authorized representative of a member.	i j
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the exception se an affirmation under the penalties of perjury in are true.)	in 1
	John B	or printed name of signee	Ü
Filing Fees:	1,4000	ST PANTED WAS A SERVED BY THE	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)