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June 6, 2001

VIA FED EX 813462816469

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

RE: Formation: GEM-TILES, L.L.C.

Dear Sir/Madam:

L01-95-24

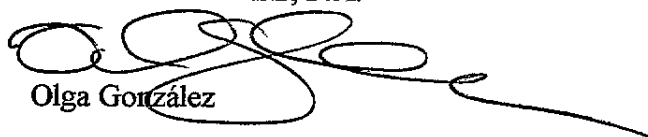
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*****160.00 *****160.00

Enclosed herewith for filing are the articles of organization of the above-referenced limited liability company. Also enclosed is a check in the amount of \$160.00 for the filing fee, designation of registered agent, certified copy and certificate of status.

The articles certified copy and certificate of status, as well as your acknowledgement letter are to be forwarded to OLGA GONZALEZ, P.A. at the address on this letterhead. Please contact the undersigned at 305 446 6789 with any questions or comments you may have.

Thank you for your assistance in this matter.

Very truly yours,
OLGA GONZALEZ, P.A.


Olga González

Enclosures

WL 6/14
FILED
01 JUN -7 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: GEM-TILES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2815 Directors Row, Suite 900, Orlando, FL 32809

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

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

Sylvia B. Clough
2815 Directors Row, Suite 900
Orlando, FL 32809

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Sylvia B. Clough

Registered Agent's Signature

Printed Name: Sylvia B. Clough

Sylvia B. Clough

Signature of a member or authorized representative of a member

Printed Name: Sylvia B. Clough

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.

Sylvia B. Clough

Printed Name: Sylvia B. Clough

Dated: June 1, 2001

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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