

LO2000001670

Dec. 28, 2001

00789-02595-00671

1/22

To: Florida Department of State

W02-536

100004745631--3

-12/31/01-01087-018

\*\*\*\*160.00 \*\*\*\*160.00

BJH

I am Kaila Rochelle Thompson  
Residing at 5810 Westport Ln.  
Naples, FL 34116

(941) 455-8835 Home

941-218-5915 Cell.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 22 AM 9:38

FILED

I am submitting Articles of  
Corporation pursuant to Sections 608.-  
406 (2) ~~800-441-1111~~

Kaila R. Thompson  
Kaila Rochelle Thompson.

Company Name: "T-N-T Tile & Trim," LLC.  
LLC.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 8, 2002

KAILA ROCHELLE THOMPSON  
5810 WESTPORT LANE  
NAPLES, FL 34116

SUBJECT: T-N-T TILE & TRIM  
Ref. Number: W02000000536

We have received your document for T-N-T TILE & TRIM and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 302A00000876

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

T-T-T Tile & Trim, L.L.C.

**ARTICLE II - Address:**

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

5810 Westport Ln. 34116

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

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

Kaia Rochelle Thompson  
Name

5810 Westport Ln. 34116 zip  
Florida street address (P.O. Box **NOT** acceptable)

NAPLES FL 34110  
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, F.S.*

Kaia R. Thompson  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Kaia R. Thompson  
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.)

Kaia Rochelle Thompson  
Typed or printed name of signee

**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)

160.00

TOTAL.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 22 AM 9:38

FILED