

L03000000554

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(City/State/Zip/Phone #)

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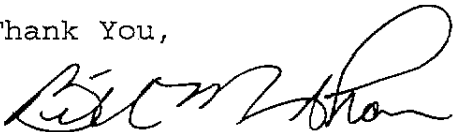
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

DECEMBER 9, 2002

Reference: Tile IT, LLC

Enclosed please find the original and one copy of Articles of Organization, together with my check in the amount of \$ 125.00, this check represents the cost of the filing fees for Articles of Organization of \$100.00 and \$25.00 for Designation of Registered Agent.

Thank You,



BILL M. SHAW

MAILING ADDRESS OF COMPANY

TILE IT, LLC
P.O. BOX 152779
TAMPA, FL. 33684-2779

PHONE: (813) 935-0044
FAX: (813) 935-0121

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TILE IT, LLC

ARTICLE II - Address:

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

**301A MEARS BLVD.
OLDSMAR, FL. 34677**

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

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

BILLY M. SHAW

Name

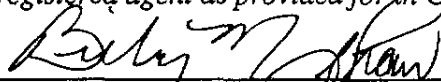
550 N. REO STREET, SUITE 300

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

TAMPA, FL 33609-1013

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..

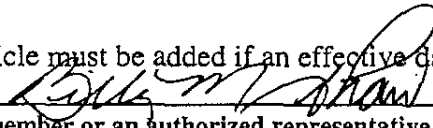


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

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


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.)

BILLY M. SHAW

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA

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