## 103000007832

| (Re                                     | questor's Name)   |           |
|---|-------------------|-----------|
| (Ad                                     | dress)            |           |
| (Ad                                     | dress)            |           |
| (Cit                                    | y/State/Zip/Phone | #)        |
| PICK-UP                                 | WAIT              | MAIL      |
| (Bu                                     | siness Entity Nam | ne)       |
| (Do                                     | cument Number)    |           |
| Certified Copies                        | _ Certificates    | of Status |
| Special Instructions to Filing Officer: |                   |           |
|   |                   |           |
|   |                   |           |
|   |                   |           |

Office Use Only



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W03-6216

## CAPITAL CONNECTION, INC.

४४णारणा - ४ म् मारा प्राचानसङ्कारमञ्ज्यार म्हन्यम् **द्वा**राप्रकारप्रकार न्यस<mark>्याका प्रश्लाका प्रकारमञ्जूतिक सम्बद्धकानुकार स्था नाम्पर मारा प्रचान सम्बद्धकानुकार स्था नाम्पर स्था नाम्पर</mark>

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## Nile Tile and Stone

Signature

Requested by

Name

Walk-In

Will Pick Up

MINITED SECTIONS

|             | Art of Inc. File               | -           |
|-------------|--------------------------------|-------------|
|             | LTD Partnership File           |             |
|             | Foreign Corp. File             |             |
| <u> </u>    | L.C. File                      | =           |
|             | Fictitious Name File           |             |
|             | Trade/Service Mark             | . –         |
|             | Merger File                    |             |
| ·<br>. ——   | Art. of Amend. File            | •           |
|             | RA Resignation                 |             |
|             | Dissolution / Withdrawal       | <del></del> |
|             | Annual Report / Reinstatement  |             |
| <u></u>     | Cert. Copy                     |             |
|             | Photo Copy                     |             |
|             | Certificate of Good Standing   |             |
|             | Certificate of Status          |             |
| <del></del> | Certificate of Fictitious Name |             |
|             | Corp Record Search             |             |
|             | Officer Search                 |             |
|             | Fictitious Search              |             |
|             | Fictitious Owner Search_       |             |
|             | Vehicle Search                 |             |
|             | Driving Record                 |             |
|             | UCC 1 or 3 File                |             |
|             | UCC 11 Search                  | - · ·       |
|             | UCC 11 Retrieval               | ŧ           |
|             | Courier                        |             |
|             |                                |             |

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  Nile Stile and Stone / Loc   |
|---|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  4403 Ut nelland Road or land, fl, 3284404  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  |
| The name and the Florida street address of the registered agent are:  |
| Sahar El Herakus  |
| 500 Golf Park Dr., Vissimmee F1, 34747 Florida street address (P.O. Box NOT acceptable)   |
| El., Wissin mer FL 34747<br>City, Scate, 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. However El Bana + Sahar El Hero  |
| (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.)  |
| Typed of princed 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)  |