L03000039665

(Re	questor's Name)	
(Ad	dr ess)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		10/16
	Office Use Only	Ally,



800020571668

06/23/03--01084--004 **122.50

10/15/03--01001--012 **2.50

O3 OCT 15 PH 12: 05
SEULE PARY L. TORISA

N/03-18/81

2200 Fairglenn Way Winter Park, Florida 32792 (407) 679-6390

May 01, 2003 ___

Florida Secretary of State Division of Corporation 409 E. Gaines Street Tallahassee, Florida 32399

03 OCT 15 PM 12: 05

Dear Sir or Madam:

Enclosed for filing are two copies of Articles of Incorporation for The Ung Family Granite and Marble LLC, a Florida corporation, along with the check in the amount of \$122.50 to cover the cost of filing these Articles.

Please return one certified copy to the undersigned. If there are any questions, please contact me immediately. Thank you.

Very truly yours,

Dac V. Ung AF/mw Enclosures



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 25, 2003

DAC V. UNG 2200 FAIRGLENN WAY WINTER PARK, FL 32792

SUBJECT: THE UNG FAMILY GRANITE AND MARBLE LLC

Ref. Number: W03000018187

SECULIARY G. STALLAHASSEE, FLORIDA

We have received your document for THE UNG FAMILY GRANITE AND MARBLE LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

LLC is not a proper suffix for a corporation. This only applies to a Limited Liability Company. Make the correction throught out the document where ever the suffix LLC appears.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 803A00038621

TRANSMITTAL LETTER

TO:	_	ation Sec n of Corp						
SUBJ	ECT: _	THE	U N G	FAMILY FAMILY Name of Limited	GRANITE Liability Compa	and ny)	MARBL	e <u>l</u> lc
The en	nclosed A	articles o	f Organiza	tion and fee(s) are submitted	d for filing		
				oncerning this	s matter to the	following		TALLAHAISSEE, FLORIDA
<u> </u>	IE UN) (z F# (F	Mily (Firm/Compan	THANITE /	4ND MARE	NE L	11	FLORIDA
<u> </u>	200	FA)	RGLEN Address)	N WAY	<u> </u>			
<u>isl</u>	NTER	PAR (C	K F L City/State and	32 d Zip Code)	792			
For fu	ırther info	ormation	concerning	g this matter, p	please call:			
1)AC	V. U (Name of I	N (z Person)	at	(<u>407</u>) (Area Code &	339- Daytime T	4565 elephone Numb	ber)
Regist Divisi	EET ADL tration Se on of Cor . Gaines	ection rporation	s	e e	MAILIN Registrati Division of P.O. Box	on Sections of Corpora	n	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is: THE UNG	FAMILY	GRANITE	Ana M	larg L E	: 11
ARTICLE II - Address: The mailing address and street address	ss of the princip	al office of	the Limited I	Liability C	Company	is:
Principal Office Address:		Mailing	g Address:			
2200 FAIRGLENN WAY WINTER PAIRK, FL 3279.	<u> </u>	SAm t				
2200 E. Florida street	Name FAIRGLEND address (P.O. Box City, State, and Zipent and to accept	WAY NOT accepta	re: ble) 7 92 rocess for the	TALLAHASSEE, FLORIDA e above sta	03 0CT 15 PM 12: 05 ted limite	i i
registered agent and agree to act in the statutes relating to the proper and con accept the obligations of my position of the proper and contact the obligations of the proper and contact the obligations of the proper and contact the obligations of the proper and contact the	his capacity. I fu inplete performa	orther agree nce of my du ent as provid	to comply wi ties, and I an	th the prov	visions of with and	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member				
MGRM	BON VAN UNG			
	2200 FAIRGLENN WAY			
	WINTERPARK, FC 31792			
MGRM	DAC V. UNG			
	2200 FAIRGLENN WAY			
	WINTER PARK, FL 32792			
				
	300			
	5			
(Use attachment if necessary)	added if an effective date is requested.			
(Ose attachment if necessary)				
NOTE: An additional article must be	added if an effective date is requested			
DECLUDED CICMATUDE.	A S			
REQUIRED SIGNATURE:				
$\langle r \rangle$	\mathcal{M}			
- Val				
Signature of a member	Signature of a member or an authorized representative of a member.			
(In accordance with secti of this document constitu that the facts stated herei	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penaltics of perjury are true.)			
D _A C	V. (1) G d or printed name of signee			
Туре	d 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)