L0300044099

(Re	equestor's Na	ame)	
(Ac	idress)		
(0.0	idress)		
(AC	idiessj		
(Ci	ty/State/Zip/F	hone #)	
•		•	
PICK-UP	WAIT	T MAIL	
	<i>/</i> `		
(Bu	isiness Entity	/ Name)	
(Do	cument Num	nber)	
Certified Copies	_ Certifi	cates of Status	
Special Instructions to	Filing Officer		
Manie			
r jaton tity			
ក្រុម មក t			
Tenavior	200		
FI Maret	Office Us	e Only	
Updater Verityer	11.10		
Actinowledgement	೯೮೦		
e-'fyer	PCC		



400024440044

11/13/03--01019--008 **160.00

O3 NOV 13 AN IO: 42

AGNOTIVE AND TANK TO LEAD TO THE STATE OF TH

GENONIS VHID: 38

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tim Rozelle Tile Company LLC (Name of Limited Liability Company)	_
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tim Rozelle (Name of Person)	
Tim Rozelle Tile (Firm/Company)	— O
10168 Woodville Hwy- (Address)	SECRETAR IVISION FER D3 NOV 13
Tallahasser FIA, 32305 (City/State and Zip Code)	RY OF STATE CONDENSION
For further information concerning this matter, please call:	SHOLE FINANCE
Tim Rozelle 11 850, 504-2283	

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Tim Rozelle Tile Co	mpany LLC		
ARTICLE II - Address: The mailing address and street address of the principal	• /		
Principal Office Address:	Mailing Address:		
10168 Woodville Huy.	Tim Rozelle		
Tallahassee Flar 32305	10168 Woodville Huy. Tallahassee Fla. 32305		
	Tallahassee Fla. 32305		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are: Tim Rozellz Name			
Name /0/68 Woodville Florida street address (P.O. Box N	Hwy OT acceptable)		
Tallahassez FL City, State, and Zip	ORIDA 32305		

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (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> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
M6-R	Tim Rozelle 10168 Woodville Huy- Tallahassee FLA, 32305		
MG-RM	Tim Rozelle 10168 Wood Ville Huy. Tallahassee FlA: 32305		
	O3 NOV J		
(Use attachment if necessary)	3 AM 10: 43		
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:			
Tim Bel	h		
Signature of a member or an authorized representative of a member.			

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Yozele
Typed or printed name of signee

that the facts stated herein are true.)