

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

DIVISION OF CORPORATION

03 NOV 26 AM 11:01

RECEIVED

LIMITED LIABILITY COMPANY

Procida Tile Importers (South Florida), LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROCIDA TILE IMPORTERS (SOUTH FLORIDA), LLC

ARTICLE II - Address:

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

Principal Office Address:

477 Savoie Drive

Palm Beach Gardens, Florida 33410

Mailing Address:

477 Savoie Drive

Palm Beach Gardens, Florida 33410

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

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

Brett Cormier

Name

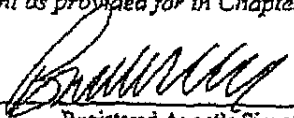
477 Savoie Drive, Palm Beach Gardens, Florida 33410

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

FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Brett Cormier
430 Commack Road
Deer Park, New York 11729

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Brett Cormier

Typed or printed name of signor

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)