

103009051965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

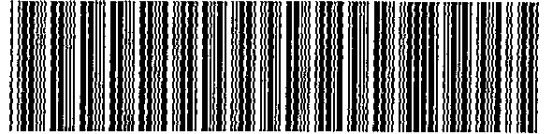
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This certifies that James C. Watts L.L.C. is the manager of the Limited Liability Company and I own over Ten percent of the Company. I am filing the application for re-issuance of the notice of election to be exempt along with all required information, plus the filing fees.

Enclosed you will find a money order for 125.00.

This 28<sup>th</sup> day of ~~March~~ AD2003

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Magic Tile & Marble L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Watts  
(Name of Person)

Magic Tile & Marble L.L.C.  
(Firm/Company)

905 San Domingo Rd  
(Address)

Orlando Fl 32808  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James Watts at (407) 293-2993  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**MAILING ADDRESS:**  
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:

James C Watts "L.L.C."

**ARTICLE II - Address:**

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

**Principal Office Address:**

905 San Domingo Rd  
Orlando FL 32808

**Mailing Address:**

Same

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SECRETARY OF STATE

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

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

James C Watts  
Name

905 San Domingo Rd  
Florida street address (P.O. Box **NOT** acceptable)

Orlando FLORIDA 32808  
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.*

James Watts  
Registered Agent's Signature

**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:**

"MGR"

James C Watts  
905 San Domingo Rd  
Orlando FL 32808

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

FILED

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

**REQUIRED SIGNATURE:**

James Watts  
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.)

JAMES C WATTS

Typed 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)