

L03000053574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

855/676/304/671

\$25.00

due

FF 100.00 RA des.

25.

Office Use Only



500024712955

11/17/03--01068--012 \*\*100.00

12/16/03--01054--010 \*\*25.00

Need 25.00  
L03-53574  
~~W03-34700~~

FILED  
03 DEC -9 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 19, 2003

PETER COLLINS  
A-TEAM TILE L.L.C  
1820 EDWIN BLVD.  
WINTER PARK, FL 32789

SUBJECT: A-TEAM TILE, L.L.C  
Ref. Number: W03000034700

We have received your document for A-TEAM TILE, L.L.C and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

FILING FEE \$100.00, REGISTERED AGENT FILING FEE \$25.00 TOTAL AMOUNT \$125.00.

~~★ Please return 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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 403A00062865

11/25/03

No document was ~~enclosed~~ enclosed with this letter.  
This is a \$25.00 money order to pay off  
the balance

*Peter Collins* (Peter Collins)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A-Team Tile, L.L.C.  
(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:

Peter Collins  
(Name of Person)

A-Team Tile, L.L.C.  
(Firm/Company)

1820 Edwin Blvd  
(Address)

Winter Park, Florida 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Collins at 407 644-3666  
(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

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Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 403A00062865

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A-Team Tile, 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:**

1820 Edwin Blvd  
Winter Park, FL 32789

**Mailing Address:**

Same

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

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

Peter Collins  
Name  
1820 Edwin Blvd  
Florida street address (P.O. Box NOT acceptable)  
Winter Park FLORIDA 32789  
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..*

*Peter Collins*  
Registered Agent's Signature

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TALLAHASSEE FLORIDA

**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

Peter Collins  
1820 Edwin Blvd  
Winter Park, FL 32789

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Peter Collins  
Typed or printed 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)

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