

# L03000054904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

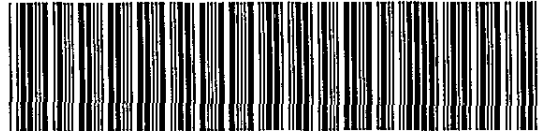
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A-1 CERAMIC TILE, 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:

LARUE OSBORN  
(Name of Person)

A-1 CERAMIC TILE, LLC  
(Firm/Company)

1700 LARCHMONT COURT  
(Address)

MERRITT ISLAND, FL. 32952  
(City/State and Zip Code)

SECRET  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LARUE OSBORN at 321-452-3277  
(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

Dear Marsha Thomas-

12/18/03 - 9:20 PM

P.S. If it isn't too much trouble & you can call to give me the LLC # maybe I can get this other form in before the deadline - Hope you're feeling better & I greatly appreciate your help this has really been worrying me. THANKS SO MUCH & GOD BLESS  
YOUR A xmas angel -  
Luan Osborn

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A-1 CERAMIC TILE, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1700 LARCHMONT COURTMERRITT ISLAND, FL, 32952**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:

LARUE OSBORN

Name

1700 LARCHMONT COURTFlorida street address (P.O. Box **NOT** acceptable)MERRITT ISLANDFLORIDA 32952

City, State, and Zip

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*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

**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

LARUE OSBORN

1700 LARCHMONT COURT

MERRITT ISLAND, FL. 32952

(Use attachment if necessary)

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**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.)



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)