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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chris's Tile Repair, LLC
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Christopher Apostolou
(Name of Person)

Chris's Tile Repair, LLC
(Firm/Company)

41694 Holiday Cir
(Address)

North W.P.B., FL 33415
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Apostolou at (561) 502-1010
(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:

Chris's Tile Repair, LLC

ARTICLE II - Address:

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

Principal Office Address:

4694 Holiday Cir.
North W.P.B. FL
33415

Mailing Address:

4694 Holiday Cir.
North W.P.B.
33415

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

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

Christopher Apostolon
Name

4694 Holiday Cir.
Florida street address (P.O. Box NOT acceptable)

North W.P.B., FLORIDA 33415
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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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:

MGR

Christopher Apostolou
41694 Holiday Cir
North W.P.B., FL. 33415

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.)

Christopher Apostolou
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)