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(Requestor's Name)	
(Address)	
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(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
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(Documen	t Number)
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04 JAN -8 PH 3-42 DIVISION OF CORPORATION

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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Custom Tile IA (Name of Lim	vstalation LLC ited Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
SHANNON TUTTIE (Name of Person)		₹
(Firm/Company)	a yan	OL JAH-8 P
4100 magnolia Beach (Address)		PH 3: 53 E. FLORIDA
Panama City Beach (City/State and Zip Code)	FL 32408	<u></u>
For further information concerning this matter, please	call:	
SHANNON TUTLE (Name of Person)	at (800) 214-6002 (Area Code & Daytime Telephone Number	er)
Registration Section Division of Corporations 409 E. Gaines Street	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:		
Custom TILE Installation	LLC	
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	.m. m.v.
4100 magnolia Braco RD.	SAME	· · · · · · · · · · · · · · · · · · ·
Panama City Beach		
Florida 32408		
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere	-	gnature:
Name		HASS
Florida street address (P.O. Box N Panama City Beach FL City, State, and Zip	SEACH RD OT acceptable) 32408	PH 3: 53 PH 3: 53 EE. FLORID

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORM	SHANNON TUTTLE 4100 magnolia Beach RD Panama City Beach FL 32408
	HASSE P
(Use attachment if necessary)	3: 53 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.)

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)