

L040000 11063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

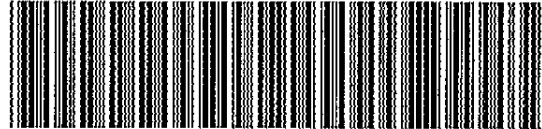
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*2/11
Just*



200027945822

02/02/04--01043--007 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB - 2 AM 10: 10

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSTANTIN HATARA 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:

CONSTANTIN HATARA
(Name of Person)

CONSTANTIN HATARA TILE, LLC
(Firm/Company)

610 NE 12 TH AVE APT 407
(Address)

HALLANDALE BEACH FL 33009
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB -2 AM 10:10

FILED

For further information concerning this matter, please call:

CONSTANTIN HATARA at 954) 454 8891
(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:

CONSTANTIN HATARA TICE "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:

610 NE 12TH AVE APT 407
HALLANDALE BEACH
FLORIDA 33009

Mailing Address:

610 NE 12TH AVE
APT 407 HALLANDALE BEACH
FLORIDA 33009

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

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

CONSTANTIN HATARA

Name

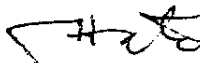
610 NE 12TH AVE APT 407

Florida street address (P.O. Box **NOT** acceptable)

HALLANDALE BEACH FLORIDA 33009

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

FILED
04 FEB -2 AM 10:10
SECRETARY OF STATE
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

CONSTANTIN HATARA
610 NE 12TH AVE RT 407
HALLANDALE BEACH FL 33009

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Hatara

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.)

CONSTANTIN HATARA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB -2 AM 10:10
FILED

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)