## L040000/48/3

(Requestor's Name)
(Address)
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J. BRYAN FEB 2 5 2004

## TRANSMITTAL LETTER

	stration Section sion of Corporations			 
SUBJECT:	Mannion Tile,	L.L.C.		
oobsect.		ne of Limited Liability Co	ompany)	0, <b>U</b>
The enclosed	Articles of Organization and	fee(s) are submitted for	filing.	The state of the
	Please return all o	correspondence concernin	g this matter to the following:	THE CO. M.
		hn Mannion		- K. C. S.
		(Name of Person	1)	ON THE LAW SEE FLORIDAY
-		(Firm/Company	)	
	1480 Jam	es Street		
		(Address)		
	New Smyr	na Beach, Fl.	32168	
		(City/State and Zip (	Code)	
For further inf	ormation concerning this ma	utter, please call:		
John Ma	annion	at (386	690-0533	
	(Name of Person)	(Area C	ode & Daytime Telephone Number	er)
	1 Phia Tre	ne return enforced agent	med aging - Marin in Indust self-add	Labete hund envelope
R	TREET ADDRESS:		MAILING ADDRESS: Registration Section	,

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

during Con Clouds

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Mannion Tile, 1.	1.c.
ARTICLE II - Address:	
The mailing address and street address of the principal	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1480 James Street	1480 James Street'
New Smyrna Beach, FL. 32168	New Smyrna Beach, FL. 32168
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	
James E. Mack	
Name	
1321 Saxon Drive	<u>.</u>

New Smyrna Beach FLORIDA 32168

City, State, and Zip

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

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

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	MILES OF TOWN
MGR	aging Wonook	John Mannion	
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(Use attachment i		be added if an effective date is requested.	
REQUIRED SIG	GNATURE:	-e, 2	
	-Worm Heren		
Sign	ature of a member or an	authorized representative of a member.	•
(In a	ccordance with section 60	98.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	·

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)