

L04000016465

(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:

Name Availability	
Document Examiner	DCC
Updater	Office Use Only
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC



500028403585

02/18/04--01039--006 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 18 PM 2:17

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROBERTS TILE & MARBLE, 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:

BRIAN ROBERTS  
(Name of Person)

(Firm/Company)

1670 19TH AVENUE SW  
(Address)

VERO BEACH FL 32962  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN ROBERTS, MEMBER at ( 772 ) 559-1673  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 18 PM 2:17

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
ROBERTS TILE & MARBLE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1670 19TH AVENUE SW  
VERO BEACH, FL 32962

**Mailing Address:**

1670 19TH AVENUE SW  
VERO BEACH, FL 32962

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

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

BRIAN ROBERTS

Name

1670 19TH AVENUE SW

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

VERO BEACH FL 32962

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, F.S..*

Brian Roberts

Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 18 PM 2:17

(CONTINUED)

**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

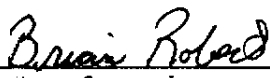
**Name and Address:**

MGRM	BRIAN ROBERTS
	1670 19TH AVENUE SW
	VERO BEACH, FL 32962

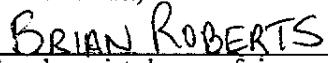
(Use attachment if necessary)

**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)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 FEB 18 PM 2:17