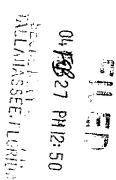
104 0000 19013

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		3/1/1
	Office Use On	ly WWW



400029159794

02/27/04--01038--016 **160.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TIM TURNER 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:			
DEBBIE A. DEAN			
(Name of Person)			
SHARP CARPET & CERAMIC TILE INC.	SE	£0	
(Firm/Company)	A	THE	स ्याज्य े व उ
	22 5.	750	
2617 MARTIN LUTHER KING JR., BLVD.	<u> </u>		7
(Address)	Mg	Ď	
PANAMA CITY, FL 32405	5	PH 12: 1	
(City/State and Zip Code)	7	50	-
For further information concerning this matter, please call:	** *		
DEBBIE A. DEAN at (850) 769-8505			
(Name of Person) (Area Code & Daytime Telephone Number	r)		

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



ARTICL	JF.	T _	Non	30.
ARILL	12.0	£ ~	11211	ı.

The name of the Limited Liability Company is:

DONNIE BARFIELD LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
7636 CAMP FLOWERS ROAD	7636 CAMP FLOWERS ROAD
YOUNGSTOWN, FL 32466	YOUNGSTOWN, FL 32466

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

DONNIE BARFIELD	
N	ame
7636 CAMP FLOWERS R	OAD
Florida street address	(P.O. Box NOT acceptable)
YOUNGSTOWN	FLORIDA 32466
City St	ate and Zin

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	DONNIE BARFIELD 7636 CAMP FLOWERS ROAD YOUNGSTOWN, FL 32466	
	OH ASSEE F	- ; . :
(Use attachment if necessary)	2: 50 Rig.	

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.)

DONNIE BARFIELD

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)