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SECRETARY OF STATE TALLAHASSES FLORIDA STATE STA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Dand TTILe LLCompany) (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:		
Daniel A. Preston (Name of Person)		=
Dand J Tile LLC	04 MAR 24	SECRETA
176 Grestwood Drive	- PA	RY OF S SSEE, FL
Crawfordville Florida 32327 (City/State and Zip Code)	53	STATE ORIDA
For further information concerning this matter, please call:		
Daniel Preston at (850) 926-2814 (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:	
Dand J. Tile LLC	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Daniel Preston	176 Crestwood Dr Crawfordville F
	7ALL SE
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	red agent are:
Name	STATE ORDER
Florida street address (P.O. Box 1	NOT acceptable)
Crawforduille F City, State, and Zip	LORIDA 32327

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)

The name a	nd address of each Manager o	or Managing Member is as follows:	
<u>Title:</u> "MGR" = N "MGRM" =	Ianager Managing Member	Name and Address:	
"mGR	(m)	Oaniel Prestan 176 Crestwood Dr Crawfordville Fla 303	- -
mGR1	n"	Jeff Bradley 1223 Cross Creek C tallahassee Fla 32301	豆 _~
			
(Use attach	ment if necessary)		- · · · · · · · · · · · · · · · · · · ·
NOTE: A	n additional article must be	added if an effective date is requested.	TALLA O4 HAI
REQUIRE	D SIGNATURE:		ECRETARY ELLAHASSEE
	Signature of a member or an au	thorized representative of a member.	FLOR FLOR
	(In accordance with section 608.4 of this document constitutes an at that the facts stated herein are true	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury se.)	S3
	Daniel Pre	eston	
	Typed or pri	nted name of signee	

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

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)