

L04000025063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

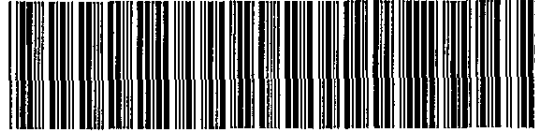
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



400031250244

04/02/04--01021--014 **155.00

04 APR -2 AM 10:58
DIVISION OF CORPORATIONS
TREASURY OF STATE
MONTANA

EFFECTIVE DATE

04/01/04

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOTHERSPOON TILE COMPANY, 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 K. ANDERSON, CPA
(Name of Person)

ROBERT S. JETT, JR., CPAs
(Firm/Company)

1656 METROPOLITAN CIRCLE
(Address)

TALLAHASSEE, FLORIDA 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN K. ANDERSON at (850) 386-2639
(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

01 APR -2 AM 10:58
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WOTHERSPOON TILE COMPANY, LLC

ARTICLE II - Address:

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

Principal Office Address:

WOTHERSPOON TILE COMPANY, LLC

576 COX ROAD

MONTICELLO, FLORIDA 32344

Mailing Address:

WOTHERSPOON TILE COMPANY, LLC

576 COX ROAD

MONTICELLO, FLORIDA 32344

04 SEP -2 AM 10:58
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

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

KEITH A. WOTHERSPOON

Name

576 COX ROAD

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

MONTICELLO, FLORIDA 32344

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

EFFECTIVE DATE
04/01/04

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"

KEITH A. WOTHERSPOON

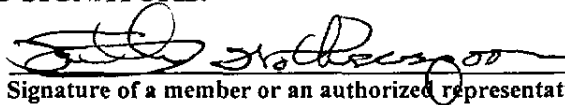
576 COX ROAD

MONTICELLO, FLORIDA 32344

(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.)

KEITH A. WOTHERSPOON

Typed or printed name of signee

04 APR - 2 AM 10:58
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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)

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
(ATTACHMENT)**

"WOTHERSPOON TILE COMPANY,LLC"

ARTICLE V – EFFECTIVE DATE:

The effective date of this Limited Liability Company is to be ~~January 1, 2004~~ ^{Dec. 1 - 2004}.

04 APR - 2 AM 10:58
CLERK OF STATE
DIVISION OF CORPORATIONS