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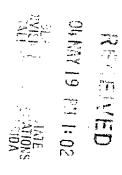


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TRANSMITTAL LETTER

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

04 MAY 19 PM 1: 16

TO: Registration Section Division of Corporations

SUBJECT: Dager Tile L.L.C.
(Name of Limited Liability Compa

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RyAIU V Dager

(Name of Person)

Dager Tile L.L.C.

(Firm/Company)

5// Locks/ou Ln.

/(Address)

Tall 4 h ussee, Fl 323/2
(City/State and Zip Code)

For further information concerning this matter, please call:

RyAN Day eR at (\$50) 321-8453
(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

ÁRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 04 HAY 19 PM 1: 16 Dager Tile LLG ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: XyAN V Dag eR 511 Locks/en Ln. Florida street address (P.O. Box NOT acceptable) Tallahassee, FL 32312 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.,

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(CONTINUED)

Registered Agent's Signature

ARTICLE IV- M The name and add	anager(s) or Manageress of each Manager	ging Member(s): r or Managing Member is	FILED SECRETARY OF STATE ataoilowassee.florii
Title: "MGR" = Manager "MGRM" = Manager	•	Name and Address:	
MGRM		RyAN V. 511 Locksley Tallahasser, F	Dag & R kn. 2 32312
	<u>-</u>		
	-		
(Use attachment if	necessary)		
NOTE: An additi	onal article must b	e added if an effective da	te is requested.
REQUIRED SIG	_ ln 4	r or an authorized representa	tive of a member.
	of this document constitute that the facts stated here	tion 608.408(3), Florida Statute tutes an affirmation under the pein are true.) U. Day Ped or printed name of signee	
		Filing Fees: \$100.00 Filing Fee for Articl \$ 25.00 Designation of Regis \$ 30.00 Certified Copy (Opt \$ 5.00 Certificate of Status	stered Agent tional)