L04000038713

	·	
	(Requestor's Name)	
	1	:
	(Address)	····
	1	*
		*
	(Address)	
		•
	(City/State/Zip/Phone #)
	ş	
PICK-L	JP WAIT	MAIL
	-	
		ŧ
	(Business Entity Name)	
	(Document Number)	
	,	
	4	
Certified Coples	Certificates of	Status
Special Instruction	ns to Filing Officer:	
_		
5/14	FIC	
(1-1	1	
	i	·
	•	
<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Office Use Only	



500036248195

HLM

05/14/04--01032--015 **125.00

04 KIY 13 1/3 10: 32

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: John L. (Name of	Folder Ceromic Tile LLC of Limited Liability Company)
The analogue & station of Occasionalism and force	None into Tea J Co. City
The enclosed Articles of Organization and fee(s	y are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
T. 1 C. 1	/
Tohn L. Gold (Name of Person)	<u> 7 e/)</u>
	·
-1 -11 -	' T-1 110
John Golden Cero	mic life LLC
(and company)	
B7. / Box, 5100	
(Address)	•
Alopoha, Ga. 3/62	2
(City/State and Zip Cod	le)
	<u></u>
For further information concerning this matter, p	lease call:
Talan Carlolon	1129 181-4286
John Golden (Name of Person)	at (299) 686-4685 (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:			•	<u>.</u>
John L. Gold		anic.	Tilo	140.	
ARTICLE II - Address: The mailing address and street address				y Company	/ is:
Principal Office Address:		Mailing Addı	ess:	÷	·
BT. 1 Rox. 5/00 Alopaha, Ga. 3/622		BT. 1 B	ox 5/	3/625	2
ARTICLE III - Registered Agent, R	egistered Office	, & Registered	Agent's Sign	nature:	
747 42md 9	Jannetti Namie		- 		
Llekrabu	FL FL Tity, State, and Zip	33703			== -
Having been named as registered agen liability company at the place designal registered agent and agree to act in the statutes relating to the proper and con accept the obligations of my position of	ted in this certific is capacity. I furt aplete performanc	ate, I hereby acc her agree to con ee of my duties, a	ept the appoi iply with the nd I am fami	intment as provisions (liar with an	of all
Regis	tered Agent's Signat	ure -	•	OG MAY 11	<u>T</u>
	CONTINUED)				

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>11116:</u> "MGR" = Manager "MGRM" = Manag	
MGRM	RT.1 Box. 5100 Alapaha, Ga. 31622
(Use attachment if a	onal article must be added if an effective date is requested.
REQUIRED SIGN	ATURE:
\$	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.) Tohn Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$100.00 Filing Fee for Articles of Organiz \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)