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2004 JUN -1 P 3:48

SECRETARY OF STATE



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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 JUN -1 P 3:48

SUBJECT: URO TILE & INTERNATIONAL STONES, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

SYLVIA C. PRESLEY

(Name of Person)

S. C. PRESLEY & CO., INC.

(Firm/Company)

250 S. RONALD REAGAN BLVD., #100

(Address)

LONGWOOD, FL 32750-5466

(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBY RAINEY

(Name of Person)

at (407) 331-7665

(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

FOR

URO TILE & INTERNATIONAL STONES, LLC

2004 JUN -1 P 3:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is:

URO TILE & INTERNATIONAL STONES, LLC

ARTICLE II

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III - ADDRESS

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

**160 EAST MARVIN STREET
LONGWOOD, FL 32750**

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

**DAVID CAMPOS
160 EAST MARVIN STREET
LONGWOOD, FL 32750**

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..


DAVID CAMPOS, REGISTERED AGENT

ARTICLE V – MANAGER(S) OR MANAGING MEMBER(S)

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

<u>Title</u>	<u>Name and Address</u>
MANAGING MEMBER	DAVID CAMPOS 160 EAST MARVIN STREET LONGWOOD, FL 32750

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2004 JUN -1 P 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI – EFFECTIVE DATE OF FLORIDA LIMITED LIABILITY COMPANY

The effective date of the Florida Limited Liability Company is:

JUNE 1, 2004.



DAVID CAMPOS, MANAGING MEMBER

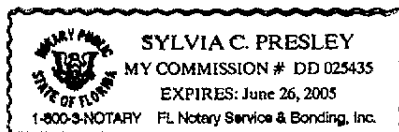
STATE OF FLORIDA

COUNTY OF Seminole

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth, personally appeared **DAVID CAMPOS**, known to me and known to me to be the person who executed the foregoing Articles of Organization for a Florida Limited Liability Company, and he acknowledged before me that he executed those Articles of Organization.

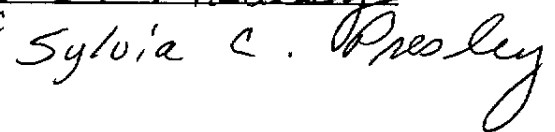
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 27 day of **MAY 2004**.

(seal)





NOTARY PUBLIC



My Commission Expires June 26, 2005