

L 040000 444 67

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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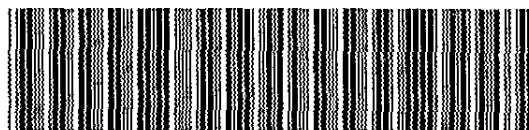
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: DANA LUTE TILE cents 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:

DANA R. LUTE
(Name of Person)

DANA LUTE TILE cents LLC
(Firm/Company)

390 CEDAR AVENUE
(Address)

FREEPORT, FL 32439-0000
(City/State and Zip Code)

For further information concerning this matter, please call:

DANA R. LUTE
(Name of Person)

at (850) 897-1051
(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

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DANA LUTE TILE & LLC

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

DANA LUTE TILE cents LLC

ARTICLE II - Address:

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

Principal Office Address:

DANA LUTE TILE cents LLC

390 CEDAR AVENUE

FREEPORT, FL 32439-0000

Mailing Address:

DANA LUTE TILE cents LLC

390 CEDAR AVENUE

FREEPORT, FL 32439-0000

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

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

DANA R. LUTE

Name

390 CEDAR AVENUE

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

FREEPORT

FLORIDA 32439-0000

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

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DIVISION OF CORPORATIONS
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DANA LUTE TILE & LLC

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

ATX1

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DANA R. LUTE
390 CEDAR AVENUE
FREEPORT, FL 32439-0000

MGRM

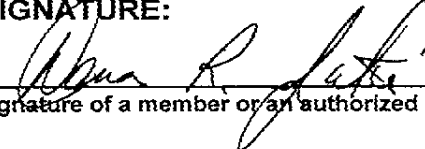
BRENDA J. BAGGOS
390 CEDAR AVENUE
FREEPORT, FL 32439-0000

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

ARTICLE V: EFFECTIVE DATE: JUNE 7, 2004

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.)

DANA R. LUTE

Typed or printed name of signee

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)

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