L04000047717

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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MX.





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Signature	
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Requested by:	-
	-
Name Date Time	
Walk-In Will Pick Up	

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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
\checkmark	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
<u> </u>	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval
	Courier

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of such Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" - Managing Member (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 zooordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

Filing Foot:
3100.60 Filing Foo for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 35.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is	
Nile Tile and	stone 1.10
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4403 Wineland Rd	SAME
#BILL Orlando, FL	
32811	
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	ed Office, & Registered Agent's Signature: registered agent are:
TAhmed	El Banna
Florida stroot address (netand Road P.O. Box MOT acceptable)
TRILL CVIA	MONTORIDA 34747

Maving 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

Pegs 1 of 2 (CONTINUED)