

L04000054492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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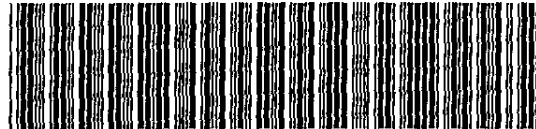
Office Use Only

Kelly Richard GAVE  
AUTHORIZATION BY PHONE TO

CORRECT suffix to be LLC

DATE 7/22 @ 2:54pm

DOC. EXAM J. Bryan



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FILED  
2004 JUL 21 PM 3:49  
TALLAHASSEE, FLORIDA  
CORPORATIONS

N04-28215  
J. BRYAN JUL 22 2004

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RYAN HOPES TILE AND MARBLE  
(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.

Kelly Bichard  
(Name of Person)

Affordable Bookkeeping & Taxes  
(Firm Company)

9537 Balm Riverview Road  
(Address)

Riverview, FL 33569  
(City State and Zip Code)

For further information concerning this matter, please call:

Kelly Bichard at ( 813 ) 672-2103  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Games Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Please note fee includes \$5.00  
fee for Certificate of Status.*

*Thank you.*

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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2004 JUL 21 PM 3:49  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RYAN HOPES TILE AND MARBLE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

12812 SYDNEY ROAD

DIVER, FL 33527

**Mailing Address:**

SAME

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

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

KELLY BICHARD

Name

9537 BALM RIVERVIEW ROAD

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

RIVERVIEW

FLORIDA 33569

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 fully bonded and accept the duties of a registered agent as provided for in Chapter 608, Florida Statutes..*

Kelly M Bichard  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

RYAN L HOPES

12812 SYDNEY ROAD

DOVER, FL 33527

MGRM

JOSHUA MILLER

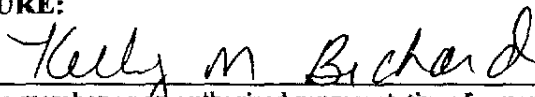
12812 SYDNEY ROAD

DOVER, FL 33527

(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 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.)

KELLY M BICHARD

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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2004 JUL 21 PM 3:49  
TALLAHASSEE, FLORIDA