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(Requestor's Name)
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,
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PICK-UP WAIT MAIL
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(Document Number)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tile By En Shields, L.L.C (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:
Enc Shells (Name of Person)
Tile By Enc Shelds (Firm/Company)
5404 Grove Valley Rd (Address)
Tellahmssee FTa: 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
Enc Shields at (850) 562-2506
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status \$\Bigcup \\$155.00 Filing Fee & Certificate of Status \$\Bigcup \\$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tile Dy (one Mulds, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5404 Grove Valley Ro

5404 Grove Vallage Co Tellahossas Fla 32323

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

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

Name

5404 Grove Velley Rd

Florida street address (P.O. Box <u>NOT</u> acceptable)

assarianae FI

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, F.S..

Registered Agent's Signature

(CONTINUED)

TALLAHASSER, FLORIDA

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Edic Sheelds 5404 Brose Dolley Ed Tallahosse Flo. 32303	
		
(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.	
of this document constitution that the facts stated here Eric Shirele	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true. She had a signed and of signee	
Filing Face		

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)