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PERSON OF CORRECTION
ALL AHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pobert Waldman Tile 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:		
Robert Waldman (Name of Person)	0	7
Bobert Waldman Tile LLC (Firm/Company)	14 AUG9	LLAHASSE
8210 Western Way Dr (Address)	PH 3: 43	OF STATE
Pensacola FL 37576 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert Waldman at (450) 712-3995 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bobert Waldman Tile LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is:
Principal Office Address: Mailing Address:	
Pensacola FL 32526 Pensacola, FL 4210 Western Way 5210 Western	3252 Way D
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	AREA AREA
The name and the Florida street address of the registered agent are:	SEE FLO
Florida street address (P.O. Box NOT acceptable)	43 REF
Pensacola FL 32526 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)

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

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

MGRM Robert Waldman 8210 western Way Dr Pensacola, FL 32526					
	8210 western way Dr				
	•				
	SECRE: TALLAH				
	ASSE ASSE				
(Use attachment if necessary)	STATE				

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.)

Robert Walamar
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)