L04000062918

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(December 1)
(Document Number)
Certified Copies Certificates of Status
Capaigl Instructions to Filing Officer
Special Instructions to Filing Officer:





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FALCY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACE CASTOM TILE of N.E. 1 (Name of Limited Liability Company)	E, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard E. Ledrone (Name of Person)	
ACE CUNTON THE OF N.E. F.	-, LLC
6672 OVINGTON Rd.	2
(Address) JA CKSONUI/Le FZ 32216 (City/State and Zip Code)	OL AUG 24 PH
For further information concerning this matter, please call:	3: 50
Richard Ledsoneai (904) 726-9305 (Name of Person) (Area Code & Daytime Telephone Number)	0 85
W 04-	29915.

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2004

RICHARD E. LEDSOME ACE CUSTOM TILE OF N.E. FL, LLC 6672 OVINGTON RD. JACKSONVILLE, FL 32216

SUBJECT: ACE CUSTOM TILE OF N.E. FL, LLC

Ref. Number: W04000029915

We have received your document for ACE CUSTOM TILE OF N.E. FL, LLC and check(s) totaling \$120.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Letter Number: 904A00048834

Lee Rivers Document Specialist ISION OF CORPORACTIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ACE CUSTON IILE	OF N. E. FL, LLC				
ARTICLE II - Address: The mailing address and street address of the principal	,,				
Principal Office Address:	Mailing Address:				
6672 OVINGTON Rd.	6672 OVINGTON Rd				
JACKSUNUILLE FZ 32216	JACKSONVILLE FE 3221				
	t/				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:					
	FERION 2				
Name	्र च <u>्</u> रिकेट				
Florida street address (P.O. Box					
JACKSON WILLE	FLORIDA 32244				

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

Page 1 of 2 (CONTINUED)

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

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

Title: "MGR" = Manager "MGRD !!" = Moreoving Moreover	Name and Address:		
"MGRM" = Managing Member	Richard E. Leds 6672 OVINGTON RU JACKSONVILLE FR 3221	one 6	
		- 4 	<u></u>
(Use attachment if necessary)		AUG 24 PM	CHETERYOF
	added if an effective date is requested.	ယ္ (၁)	MATIONS MATIONS
REQUIRED SIGNATURE:	/		
Richard Ve	elsans		
Signature of a member or an ac	uthorized representative of a member.		
(In accordance with section 608, of this document constitutes an a that the facts stated herein are true.)	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ue.)		
Kichard Typed or pri	nted 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)