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3180 CORPORATE SERVICES

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

RECEIVED

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DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**FORTE TILE, LLC**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

FORTE TILE, LLC

ARTICLE II ADDRESS

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

5809 BENT GRASS DRIVE

VALRICO, FL 33594

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JAMES BRANCIFORTE

5809 BENT GRASS DRIVE

VALRICO, FL 33594

Having been named as registered agent 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..

  
JAMES BRANCIFORTE / Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

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FORTE TILE, LLC

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ARTICLE V MEMBERS (optional)

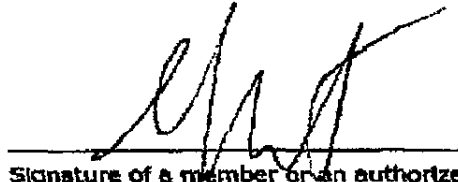
**MANAGING MEMBER:**

**JAMES BRANCIFORTE**

**5809 BENT GRASS DRIVE**

**VALRICO, FL 33594**

\*\*\*\*\*



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.

**JAMES BRANCIFORTE**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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