Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000010503 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : COMPUTAX USA INC.

Account Number: 120000000254
Phone: (727)546-3335
Fee Number: (727)546-3365

RECEIVED
35 JAN 13 AM 7:5
VISION OF CORPURA

## LIMITED LIABILITY COMPANY

F T M FLORIDA TILE & MARBLE GROUP, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Mar Julo:

Electronic Filing Menu

Corporate Filing

Public Access Help

30

### H05000010503 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

## FTM FLORIDA TILE & MARBLE GROUP, LLC.

#### ARTICLE II - Address:

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

825 -D North Keene Rd. Clearwater FL 33755



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

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

KIRIL P KARADATCHEV 825 -D North Keene Rd. Clearwater FL 33755

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

### H05000010503 3

## ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

KIRIL P KARADATCHEV 825 -D North Keene Rd. Clearwater FL 33755

Manager

PETER D GORANOV 825 -D North Keene Rd. Clearwater FL 33755 SECRETARY OF STATE AND AH IO: 49

REQUIRED SIGNATURE:

Signature of a member 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.)

KIRIL P KARADATCHEV

Typed or printed name of signee