

L05000007119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

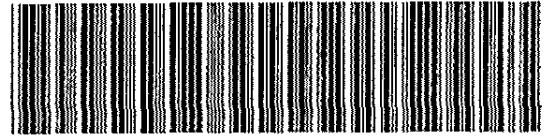
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(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TELLY'S TILE, L.L.C.

**ARTICLE II - Address:**

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

Principal Office Address:

2820 50th Terrace SW

Naples, Florida 34116

Mailing Address:

2820 50th Terrace SW

Naples, Florida 34116

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

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

Sharon Telly

Name

2820 5th Terrace SW

Florida street address (P.O. Box NOT acceptable)

Naples, FLORIDA 34116

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, Florida Statutes..*

REC'D  
SECRETARY  
STATE  
TALLAHASSEE  
FLORIDA  
JUN 11 2005  
2:33

  
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Sharon Telly  
2820 50th Terrace SW  
Naples, Florida 34116

MGRM

Louis Telly  
2820 50th Terrace SW  
Naples, Florida 34116

(Use attachment if necessary)

**Article V - Commencement of Existence**

The L.L.C. Shall be deemed to commence on the 15th day of January, 2005

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.

(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.)

**Sharon Telly**

Typed or printed name of signee

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SECRETARY OF STATE  
ALBANY, FLORIDA

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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)