

L05000007184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

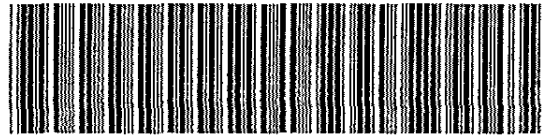
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500044056715

01/07/05--01031--006 **130.00

FILED
2005 JAN 24 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W5-7184
al



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 14, 2005

MANUEL VALENTIN
4008 KINGSPORT DR.
ORLANDO, FL 32839

SUBJECT: XOTIC TILE DESIGNS
Ref. Number: W05000002367

We have received your document for XOTIC TILE DESIGNS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 905A00002907

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 24 PM 3:35

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xotic Tile Designs

(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:

Manuel Valentin

(Name of Person)

Xotic Tile Designs

(Firm/Company)

4008 Kingsport Dr.

(Address)

Orlando, FL 32839

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Valentin

(Name of Person)

at (407) 616-4681
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 24 PM 3:35

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Xotic Tile Designs 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:

4008 Kingsport Dr.

Orlando, FL 32839

Mailing Address:

4008 Kingsport Dr.

Orlando, FL 32839

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

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

Manuel Valentin

Name

4008 Kingsport Dr.

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

Orlando, FL 32839

FL

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 24 PM 3:35

FILED

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.

See attached

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Manuel Valentin

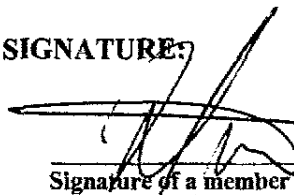
4008 Kingsport Dr.

Orlando, FL 32839

(Use attachment if necessary)

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. *Registered Agent.*

(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.)

Manuel Valentin

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 24 PM 3:35

FILED