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SECRETARY OF STATE
TALLAHASSEE, FLURIUS



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 6, 2005

CLARENCE THORNTON 6134 POLK ST. NEW PORT RICHEY, FL 34653

SUBJECT: TILES BY THORNTON Ref. Number: W05000000799

We have received your document for TILES BY THORNTON, however, in preceipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist Letter Number: 805A00001034

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: Tiles by Thord (Name of Limited L	1to a L.L.C Liability Company)
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	o the following:
Clarence Thornton (Nar Tile's By thornton	ne of Person) FLOR
6134 POLK St	•
New Port RicHe (City/Sta	ic and Elly Code)
For further information concerning this matter, please cal	l:
Clarence Hornton at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy additional copy is enclosed) □ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tiles By Thornton, L	,L,C,		
ARTICLE II - Address: The mailing address and street address of the pr		ASE SE S	is:
Principal Office Address:	Mailing Address:	TARY ASSE	
1/34 Pock St N.P.R. FC2. 34653	6134 POLK 5+ N.P.R. Fla. 346	EF 5 1 4 9: 46	Ö
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

6/34 POLK of N.P.R

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

N.P.R

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, F.S..

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
mGR	Clarence Thornton 6/24 Polk 57 N.P.R. El. 34653
	TAIS SE
	SSS 2
	The second
(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.

(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.)

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)