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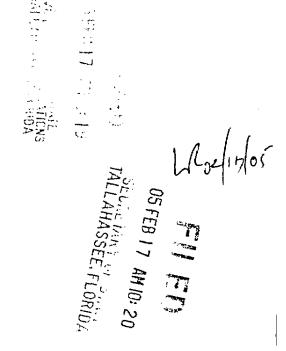
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: T+ 2 Custom. tile LLC (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:
Timothy Lewis Herring (Name of Person)
(Firm/Company)
31 Cathrine St.
31 Cathrine St. (Address) Crowbord Will FL 32327 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Bisson Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$125.00 Filing Fee & Bisson Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
T+Z Tile LI	-C
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3/ Cathrine St Crowford ville FC	Same
Crowford ville FC	
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:
The name and the Florida street address of the Time thy heart	Herring ASSET
3/ Cathrine	St. 5

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..

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

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manag <u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	ger or Managing Member is as follows: Name and Address:
MGRM	Timothy news Herring 31 cathorin St Crowfordville FC 32327
(Use attachment if necessary)	
	be added if an effective date is requested.
REQUIRED SIGNATURE: incly Signature of a memi	ber or an authorized representative of a member.

Filing Fees:

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

\$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)

that the facts stated herein are true.)