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(Requestor's Name)					
Trom: MERCEDES GINEL 4638 Marbello Bhd. Orlando, FL32811					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 14, 2005

MERCEDES GINEL 4638 MARBELLO BLVD. ORLANDO, FL 32811

SUBJECT: 4 TILE

Ref. Number: W05000007649

We have received your document for 4 TILE and your check(s) totaling \$125.00. 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) 245-6967.

Letter Number: 405A00010291

Michelle Hodges Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No				
The name of the l	Limited Liability Company is:			
ARTICLE II - A The mailing addre	ddress: ess and street address of the pri	ncipal office of the Lir	nited Liability Company is:	
Principal Office	Address:	Mailing Add	ress:	
MerceDe	GINEL	Merce	Des GINEL	
4638 1	narsello Blue	4638	MArBello Blue	)
Oni	F1 32811	001	Fl 32811	
	Registered Agent, Registered Florida street address of the re  Name  4638 MA  Florida street address (P.O.	Sello Blut Box NOT acceptable)	-	
company at the place designee to act in this capacity and complete performance	istered agent and to accept serving the complete in this certificate, I hereby I further agree to comply with a of my duties, and I am familiar ered agent as provided for in Charles Registered Agent's Serving Registered Register	y accept the appointment the provisions of all state with and accept the observed the Control of	nt as registered agent and ututes relating to the proper ligations of my position as	

Page 1 of 2 (CONTINUED)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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:

\$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)