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(Requestor's Name)		
(Address)		
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	_	7 CC

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Stephanie	Hartzman's Ti	le Company L	.L.C.	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.			
Please return all correspondence concerning this matter to the following:				
Stephanie R. Ho	STATE OF PERSON)			
O	Firm/Company)			
212 Kennedy D	(Address)			
<u>Crestview</u> , Fi	32536 State and Zip Code)			
For further information concerning this matter, please of	call:			
Stephanie Hartzman	at (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(14stite ()) Felson)	(Mea Code & Daytime 16	stephone (validet)		
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$ Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	-	
STREET ADDRESS:	MAILING A	DDRESS:		
Registration Section	Registration S	ection		
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 632			
Tallahassee, Florida 32399	Tallahassee, F			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Stephanie Hartzman's	Tile Company L.L.C.
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
212 Kennedy Dr. 2 Crestview, FL 32536	Prostview, Fr 32536
ARTICLE III - Registered Agent, Registered Off	ice, & Registered Agent's Signature:
The name and the Florida street address of the regist Stephanie L. Has	•
	Crestview, FL 32536 P.O. Box NOT acceptable)
Cresty; ew FL City, State, and Z	jp
Having been named as registered agent and to accept liability company at the place designated in this cregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registere	ertificate, I hereby accept the appointment as Further agree to comply with the provisions of all mance of my duties, and I am familiar with and
Stochenie Registered Agent's Sign	K. Harman 35
(CONTINUEI	

Page 1 of 2

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

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

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Stephanie R. Hartzman 212 Kennedy Dr.
(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 of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

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)