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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Cor	porations				
over an internation	nal Tile Distributors of Florid	da II C			
SUBJECT: Internation	(Name of Limited		pany)	<del></del>	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filir	ıg.		
Please return all correspo	ondence concerning this matte	er to the followin	g:		
Christoph	ner Elias George				
	C	Name of Person)		· · · · · · · · · · · · · · · · · · ·	
International Tile Dis	tributors of Florida, LLC				
mentational ino Dio		Firm/Company)			
1204 Francis	sco Drive	(Address)			
		(.100,000)			
Tallah	assee, FL 32304				
	(City/	State and Zip Cod	le)		
For further information of	oncerning this matter, please	call:			
Christopher Elias Geo	rge	at ( 850	982-0375		
(Name	of Person)	(Area Co	de & Daytime Te	lephone Number)	_
Enclosed is a check for	the following amount:				
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 F Certified Cop (additional copy	ру	S160.00 Fili Certificate of S Certified Copy (additional only is	tatus &
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	rporations	. E.J I P 12: 52

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
International Tile Distributors of Florida, LLC	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
International Tile Distributors of Florida, LLC 1204 Francisco Drive	International Tile Distributors of Florida, LLC
Tallahassee, FL 32304	- Tallahassee, FL 32304
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	
	-
Christopher Elias George	<del>and the second of the second </del>
Nam	e
1204 Francisco Dríve	
Florida street a	ddress (P.O. Box NOT acceptable)
Tallahassee, FL 32304	-सा
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manage "MGRM" = Manage		Name and Address:		
MGRM		Christopher Elias George 1204 Francisco Drive Tallahassee, FL 32304		- · ·
				- ·-
	<u> </u>			
	,		-	_ · · _ • ·
(Use attachment i	• •	added if an effective date is requ	ıested.	
REQUIRED SIG	ENATURE:	an authorized representative of a mer		
		608.408(3), Florida Statutes, the execut is an affirmation under the penalties of penalties of penalties of penalties of penalties.)		<b>7</b> 44
<u>Filing Fees:</u>	Christopher Elias Georg Typed	ge or printed name of signee	ORETARY OF LAHASSES, FI	
of Regis	ee for Articles of Organiza stered Agent I Copy (Optional)	tion and Designation	25 25 25 25 25 25 25 25 25 25 25 25 25 2	5 <b></b>

\$ 5.00 Certificate of Status (Optional)