## (05 0000 43933

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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Frank Tevere Ceramic Tile & Marble (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Frank Tevere (Name of Person)
<del>_</del> <del>F</del>	FRANK TEVERS OCTAMIC T. Ic+ MArble (Firm/Company)
	370 Duxbury Ave.
Po	CHAF lo He FIA. 33952 (City/State and Zip Code)  ACCUSATE OF THE STATE
For furt	her information concerning this matter, please call:
Fra	her information concerning this matter, please call:  A Telere  (Name of Person)  at (941) 258-0131  (Area Code & Daytime Telephone Number)
sed is a cl	neck for the following amount:
25.00 Fili	ng Fee  \$\Bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee,} \\ \text{Certificate of Status & }Certified Copy & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET ADDRESS:

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Registration Section

## ARTICLES OF ORGANIZATION FOR FLORIDA L'IMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frank Tevere Eeramic Tile + Marble 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:
370 Duxbury Ave 370 Duxbury Ave port Charlotte Fl 33957 33957
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signafure:
The name and the Florida street address of the registered agent are:
Frank Tevere
Florida street address (P.O. Box NOT acceptable)
Part Charlotte FL FL City, State, and Zip 33952
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	Frank Tavere  370 Duxbury Ave  Port Charlotte FIA. 33952
	OS OS
(Use attachment if necessary)	be added if an effective date is requested.
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.)

Frank Tevere
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)