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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: STONE WALL TILE SOUTH L. L.C.
(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:
LAURENT J. CHAPUIS (Name of Person)
(Name of Person)
STONEWALL TILE SOUTH L.L.C.
(Firm/Company)
620 SOUTH D. STREET FO S
(Address)
(Address)  LAKE WORTH, FLORIDA 33460  (City/State and Zip Code)  For first or information concerning this matter plans cells.
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 586-8250 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 32399 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:	
STONEWALL TILE	SOUTH L.L.C.
ARTICLE II - Address: The mailing address and street address of the printing address and street address and	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
620 SOLITH D. STREET LAKE WORTH FLORIDA 33460  ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	PINICICU APCIII AIC.
LAURENT J. CE	PRUIS STATE
G20 South Florida street addr	
LAKE WORTH City, State, an	

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)

address of each Manager or Managing Member is as follows:	
Name and Address: ager anaging Member	
It if necessary)  Additional article must be added if an effective date is requested.	FILL 05 May 31
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.)  LAURENT CHARUS  Typed or printed name of signee	FILED
- I	Name and Address:  ager anaging Member  It if necessary)  ditional article must be added if an effective date is requested.  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.)  LAURENT CHARUS

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)

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