

LOS000063935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

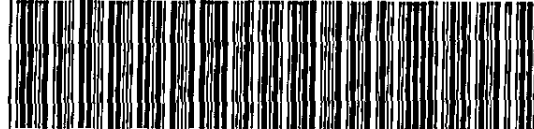
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900056388399

06/23/05- -01018--014 \*\*160.00

EFFECTIVE DATE

7/1/05

FILED  
2005 JUN 23 P 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNCOAST MARBLE SUPPLY, LLC  
(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:

BRIAN GRAY  
(Name of Person)

SUNCOAST MARBLE SUPPLY, LLC  
(Firm/Company)

16103 ARMISTEAD LN  
(Address)

ODESSA FL 33556  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN GRAY at (813) 393-8611  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 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:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
JUN 23 2005  
TALLAHASSEE, FL  
SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNCOAST MARBLE SUPPLY, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

16103 ARMISTEAD LN  
ODESSA FL 33556

### Mailing Address:

16103 ARMISTEAD LN  
ODESSA FL 33556

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BRIAN GRAY

Name

16103 ARMISTEAD LN

Florida street address (P.O. Box **NOT** acceptable)

ODESSA FL 33556

City, State, and Zip

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..

Brian Gray

Registered Agent's Signature

2005 JUN 2 2:59  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

BRIAN GRAY

16103 ARMISTEAD LN

ODESSA FL 33556

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Brian Gray

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.)

BRIAN GRAY

Typed or printed name of signee

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JUN 23 P 2:59

FILED

EFFECTIVE DATE

JULY 1<sup>st</sup>, 2005

Brian Gray

FILED

2005 JUN 23 P 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA