Division of Copporations

Florida Department of State

Division of Corporations

Page 1 of 1

Page 1 of 1

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000274372 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BASKIN & FLEECE, P.A.

Account Number : 120020000047 Phone : (727)572-4545 Fax Number : (727)572-4646 RECEIVED
05 NOV 29 AM 8: 00
11VISION OF CORPORATION

LIMITED LIABILITY COMPANY

ALPHA GRANITE COUNTERTOPS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

(1(30/05

Electronic Filing, Menu,

Comporate Filing.

OS NOV 29 PM 12: 09
SECULIANS ASSEE, FLORID
Public Assee, FLORID

4 - - -

Audit Fax No: H050002743723

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA GRANITE COUNTERTOPS, L.L.C.

ARTICLE II - Address:

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

3435 GLOSSY IBIS COURT PALM HARBOR, FL 34683

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

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

Kevin M. Collver

Name

13577 FEATHER SOUND DRIVE, SUITE 550

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

Clearwater, FL 33762

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 faritiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, R.S.

Registered Agent's Signature

(An additional 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 penaltics of perjury that the facts stated heroin are true.)

/ / /

KEVIN M. COLLVER