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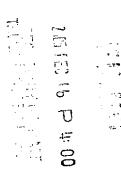
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COVER LETTER

TO: Registration Se Division of Cor			•	
SUBJECT: ALL-	TILE & MARBL (Name of Limited	E LLC I Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	LINDA TR	DMM		
	ALL-TILE \$	MARBLE, LLC Firm/Company)		
	2151 HONEY	(7 tau 033)		
<u></u>	NORTH PORT	FLORIDA 34 State and Zip Code)	1286	
For further information	concerning this matter, please	call:		
MICHAEL (Name	TROMM of Person)	at (941) 234- (Area Code & Daytime Tel	3237 ephone Number)	
Enclosed is a check for	or 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)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	16 P II	Services of the services of th

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALL-TILE & MARBLE LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2151 HONEY LANE NORTH PORT, FL 34286	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
LINDA J. TRO	omm
	Ess (P.O. Box NOT acceptable)
	FL 34286 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and
Registered A gent's Rignant	ered agent as provided for in Chapter 608. F.S.

(CONTINUED) Page 1 of 2

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	Name and Address:
MGR	DALE MERSHON 2151 HONEY LANE NORTH PORT, FL 34286
MGR	MICHAEL TROMM 2151 HONEY LANE NORTH PORT, FL 34286
MGRM	LORETTA MERSHON 2151 HONEY LANE NORTH PORT, FL 34286
MGRM	LINDA J. TROMM 2151 HONEY LANE NORTH PORT, FL 34286
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 12/10/2005 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.	2005	<u></u>
(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.)	S	3 5 4
LINDA J. TROMM Typed or printed name of signee	D # 0] 6 E

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)