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CALLARY SEEF, FLORIDADIVISION OF CURPORATE



COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT:	an Aeston T	I Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
0	aniel Pre	Ston Name of Person)	O6 VALI
	Dan Presto	n Tile LL(APR 10
	176 Crestwoo	(Address)	PM 3
C	autordville (City)	Florida 32 (State and Zip Code)	Rich 327
For further information c	oncerning this matter, please	call:	
Daniel Pre	ston of Person)	at (850) H91- (Area Code & Daytime To	8533 elephone 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)	S160.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Dan Preston Tile (Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
176 Crestwood Dr Crawfordville Fla	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 recommendation of the recommendat	egistered agent are:
Name 176 C restwood Florida street add	ress (P.O. Box NOT acceptable)
Crawforduille City, State, a	FL 32327 nd 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member "MGRM" "MGRM" "MGRM"	Daniel Preston 176 Crestwood Dr Crawford ville Fla Unlie L. Craffin 9724 watula sprust Talkhusser Fla	323 Huy 3231	327	7
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be species or 90 days of for the date of filing.)	e of filing: (cecific and cannot be more than five bu	OPTION	VAL) lays p	rior
(In accordance with section of this document constitute that the facts stated herei	r an authorized representative of a member. 10 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of perjury in are true.) or printed name of signee	SECIRE IARY OF STATE TALLAHASSEE, FLORIDA	06 APR 10 PM 3: 19	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

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

\$ 5.00 Certificate of Status (Optional)