

W6000043408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

W6-43408
JR
4-1806

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tile Craft "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:

William K. Davidson
(Name of Person)

Tile Craft "LLC"
(Firm/Company)

209 Colton Rd. N.
(Address)

Sackeoville FL 32218
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Davis
William Davidson at (904) 696-9499
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tile Craft "LLC"
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

209 Collier Rd. N.
Jacksonville, FL
32218

209 Collier Rd. N.
Jacksonville, FL
32218

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William K. Davidson
Name

209 Collier Rd. N.
Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32218
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..

William K. Davidson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

4-18-04

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

William Davidson MGRM

209 Colton Rd N.
Jacksonville, FL
32218

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/18/06 (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:

William K. Davidson
Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William K. Davidson
Typed or printed name of signee

RECEIVED
MAY 1 2006
11:34

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)