(Red	questor's Name)		•
(Add	dress)		•
(Add	dress)	· · · · · · · · · · · · · · · · · · ·	
(City	//State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
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Special Instructions to f	Filing Officer:		
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Office Use Only



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COVER LETTER

10:	Division of Corporations	
SUBJ	JECT: JR TILE COMPANY, LLC	
, 50 20	(Name of Limited Liability Company)	
The er	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	JEFFERY OVERSTREET	
	(Name of Person)	
	JR TILE COMPANY, LLC	
	(Firm/Company)	
	PO BOX 400	@
	· (Address)	10000000000000000000000000000000000000
	GLEN ST MARY FL 32040	疆24
	(City/State and Zip Code)	1000年 2月
For fu	urther information concerning this matter, please call:	OF HAN 24 PH 3: 05
JEF	FERY OVERSTREET at (904) 571-2802	7
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo	osed is a check for the following amount:	
✓ \$12	25.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:				
JR TILE COMPANY, 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:
PO BOX 400 GLEN ST MARY FL 32040 .	PO BOX 400 GLEN ST MARY FL 32040			
GLEN ST MART PL 32040				
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 registration. JOE D. JEFFERSON Name	ered Agent. You must designate an individual or another 72			
5412 MORSE AVE.	D .			
	ress (P.O. Box NOT acceptable)			
JACKSONVILLE FL 32244	FL			
City, State, a	and Zip			
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered 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:

MGR	JEFFERY OVERSTREET
	PO BOX 400
	GLEN ST MARY FL 32040
	he date of filing: . (OPTIONAL)
(Use attachment if necessary)	E S
LE V: Effective date, if other than t	he date of filing: (OPTIONAL)
fective date is listed, the date must	be specific and cannot be more than five business days prio
days after the date of filing.)	•
	•
	·

Signature of a member of 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.)

JEFFERY OVERSTREET

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)