## LD6000069691

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



500077010925

07/12/06--01033--010 \*\*160.00

06 JUL 12 PM 2:21
SECRETARY OF STATE
FALLAHASSEE, FLORID

EFFECTIVE DATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: DAVICE Money Concomic Tile & Remod (Name of Limited Liability Company)	el inq
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAvid Money	
(Name of Person)	-
(Firm/Company)	
2369 Buckboard Trail	
(Address)	
Lake Wales -1 33898 59 =	-17
(City/State and Zip Code)  ASS  Code	Chestra.
For further information concerning this matter, please call:	m
DAVI'd Money at (863, 679-393 ) (Area Code & Daytime Telephone Number)	J
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$160.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \$\Bigcup \Bigcup \	
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:

DAVID Money CERAMIC TILE & RO (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC	Mode "or"L.C.	el in	5, L
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L.	iability C	Compa	any is:
Principal Office Address: Mailing Address:			
2369 BuckBoard Trail 2369 BuckBoar Lake Wales, F1 37898 Lake Wales, F1	rd 7.	1611 92	,
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    DAVID MONEY	SECRETARY OF STAT	other 06 JUL	
Having been named as registered agent and to accept service of process for the	e above s	tated	limiteo

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
	**************************************	atmants of
		_
	Manager and the state of the st	
(Use attachment if necessary)	TAL	0
	COR AND	<u>ل</u> 6
CIEDRI 1989 I I I	e date of filing: 07/09/06 GOPPIT	( <b>)</b> ₩(\)
CLE V: Effective date, if other than the	date of fining.	
effective date is listed, the date must b	e specific and cannot be more than five busines	s day:
CLE V: Effective date, if other than the effective date is listed, the date must b 00 days after the date of filing.)	e specific and cannot be more than five busines	szday: ⊋
effective date is listed, the date must b 00 days after the date of filing.)	e specific and cannot be more than five busines	· <del>·</del>
effective date is listed, the date must b	e specific and cannot be more than five busines	· <del>·</del>
effective date is listed, the date must b 00 days after the date of filing.)	e specific and cannot be more than five busines	· <del>·</del>
effective date is listed, the date must b 00 days after the date of filing.)	e specific and cannot be more than five busines	· <del>·</del>
effective date is listed, the date must be the days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five busines	· <del>·</del>
effective date is listed, the date must be of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with secondary)	e specific and cannot be more than five business of an authorized representative of a member.	· <del>·</del>

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)