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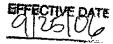
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: - COMMIN TIK
(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:
Victor Cornier
(Name of Person)
Cormier Tile
(Firm/Company)
16068 Bob Ellis RA
(Address)
Tallohosse Florida 32310
(City/State and Zip Code)
For further information concerning this matter, please call:
Victor Cosmier at (850) 510-6657  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ρ \$125.00 Filing Fee Certificate of Status  ρ \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  ρ \$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 7 - Name: The name of the Limited Li	iability Company is:	<del>-</del> ·	FER
Cormier Tile	Limited Li	obtlity Tompony ed Company" or their abbreviation "I	O STATE OF THE COLUMN TO THE C
(wase one with the words Elimited )	спаситу сотрану, сит	ed Company of their appreviation 1	LLC, Of LC.,")
ARTICLE II - Address: The mailing address and str	reet address of the pr	incipal office of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:	
16064 Bob Ellis	RN	16068 Bob E	Ellis RK
Tallahossee FL	32810	Tollahosse FL	32310
The name and the Florida st  Vi  Having been named as regiliability company at the p	treet address of the received	FIIIS RA  liress (P.O. Box NOT acceptable)  FL 32810  and Zip  accept service of process for his certificate, I hereby accept	the above stated limited of the appointment as
all statutes relating to the	proper and complete	ity. I further agree to comply e performance of my duties, a gistered agent as provided fo	and I am familiar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	10 1 0 coc m/h/
MGR	Victor Cormin
MER	16068 BOB Ellis Rd
	Tollowosser FL 32310
	e date of filing: <u>9-25-9</u> . (OPTIONAL)  t be specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	e date of filing: 9-25-9 (OPTIONAL)  t be specific and cannot be more than five business of
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