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COVER LETTER

TO:

Registration Section

Division of Co	erporations			
SUBJECT: Walton	Tile Service, LLC			
	(Name of Limite	d Liability Compa	any)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	g.	
Please return all corresp	condence concerning this matte	r to the following	3 :	
	John	P. Walton		
	0	Name of Person)		
	Walton T	ile Service,	LLC	
	(Firm/Company)		
	3512 E. Silver	Springs Bl	vd. PMB	79
	,	(Address)	•	
	Ocal	a, FL 344	70	
	(City	State and Zip Code	o)	
For further information	concerning this matter, please	call:		
John P. Walton		at (_352	390-612	7
(Name	of Person)	(Area Cod	c & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:	· ,		
·	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	y ⁻	\$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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation building secutive Center see, FL 32301	ns

Chapter 34475

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	y Company is:	
Walton Tile Service, 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 ad	ldress of the principal office of the Limited Liability Com	pany is:
Principal Office Address: Mailing Address:		
1214 B NE 34th Ave	3512 E. Silver Springs Blvd.	
Ocala, FL 34470	PMB 79	
	Ocala, FL 34470	
	John P. Walton Name 1214 B NE 34th Ave	FILED APR-3 PM I
1	Florida street address (P.O. Box NOT acceptable)	ري -:
	Ocala, FL 34470	1
	City, State, and Zip	
liability company at the place of registered agent and agree to act statutes relating to the proper as accept the obligations of my posterior.	d agent and to accept service of process for the above stated designated in this certificate, I hereby accept the appointme in this capacity. I further agree to comply with the provision and complete performance of my duties, and I am familiar with cosition as registered agent as provided for in Chapter 608, and Agent's Signature (REQUIRED)	ent as ons of all ith and

(CONTINUED)
Page 1 of 2

Title: "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:		
MGR	-	John P. Walton		
		1214 B NE 34th Ave		
		Ocala, FL 34470		
MGR		Brian L. Walton		
		1720 NW 38th Ave #81		
		Ocala, FL 34482		
	<u> </u>			
		• · · · · · · · · · · · · · · · · · · ·		
				
	nt if necessary)			
LE V: Effective date is days after the	ve date, if other than th	ne date of filing:April 01, 2007 (be specific and cannot be more than five bu	OPTION	
LE V: Effective date is days after the	ve date, if other than the listed, the date must date of filing.)	be specific and cannot be more than five but		
LE V: Effective date is days after the	ve date, if other than the listed, the date must date of filing.)	be specific and cannot be more than five bu		
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LE V: Effective date is days after the	signature of a memical for this document contract that the facts stated	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury if herein are true.)	SECRE LAKT	ay 07 APK -3 FM