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



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TALL AND SECRETARY OF STATE AND ANASSFE, FLORIDA



COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|--|----------|--|--|--|
| SUBJECT: World Tile & Marble of Naples, 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: | | | | |
| Jorge Garcia | _ | | | |
| (Name of Person) | | | | |
| World Tile & Marble of Naples, LLC | | | | |
| (Firm/Company) | | | | |
| 2967 Tropicana Boulevard #12 | E | | | |
| (Address) $S_{\text{rt}} = \overline{S}_{\text{rt}}$ | - [| | | |
| Naples, Florida 34116 | | | | |
| (City/State and Zip Code) | | | | |
| IDA 26 | | | | |
| For further information concerning this matter, please call: | | | | |
| Tony Acosta at (239) 537-2485 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee \$\times \text{ \$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) | | | | |
| 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: |
|--|--|
| World Tile & Marble of Naples, LLC | |
| (Must end with the words "Limited Liability Company, "L | imited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of th | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| c/o Jorge Garcia | c/o Jorge Garcia |
| 2967 Tropicana Blvd #12 2967 Tropicana Blvd #12 | |
| Naples, Florida 34116 | Naples, Florida 34116 |
| business entity with an active Florida registration.) The name and the Florida street address of t Jorge Garcia No. 2967 Tropica Florida street Naples | $\omega = -$ |
| liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet | It to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 **MGRM** Jorge Garcia 2967 Tropicana Blvd #12 Naples, Florida 34116 MGRM Antonio Acosta Jr 2967 Tropicane Blud Naples FL 34116 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:** Signature of a member or 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.) Typed or printed name of signee Filing Fees:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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