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(Requestor's Name)
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SECRETARY OF STATE
ALLAHASSEE, F, STATE

AZ

## **COVER LETTER**

Division of Cor			
SUBJECT:	UHRO TIL		
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	MICHAEL	AUEN T	vtro
	(1	Name of Person)	1 .
<del>.</del>	TUHRO :	TILE, L.I	L.C.
83	29 WRE	NS WAY	2001 . SECR
		(Address)	JUN 19 HASSEE
L	tR60, fc	23772	J ''O
	(City	State and Zip Code)	P I
For further information of	oncerning this matter, please	call:	) 12: 54 TATE ORIDA
MICHAEL	- tutro	at ( 727 ) 52 C	(-3021
(Name	of Person)	(Area Code & Daytime 1)	elephone (vumber)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TUHRO TILE LIMITED LIABILITY CO.

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LIC," or "L.C.,")

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

The mailing address	and street address of the pri	incipal office of the Lim	ited Liability Company is:
Principal Office Ad	tdress:	Mailing Address:	
8329 WK	LENS WAY 1, PL 33773	SAUCE	<u> </u>
(The Limited Liability Conbusiness entity with an ac	lorida street address of the re  MCHAEL  Name  8.3.29 WR	ered Agent. You must designate egistered agent are:  TUHRO  ENS WAY  ress (P.O. Box NOT accepta	an internal or another TILED  TETARY OF STATE HASSEE, FLORIDA
	City, State, a	ուս Հւթ	

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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	$\sum_{i} \sum_{j} e_{ij}$	Name and Address:
Title: "MGR" = Manag		
"MGRM" = Mar	aging Member	410 1
NONE		NONE
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		HET JUN
	<del></del>	SXR -
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		71877 21 81 8
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(Use attachment	if necessary)	
(Ose uttaenment	n necessary)	
LE V: Effective	date, if other than the	e date of filing: (OPTION
ffective date is lis days after the d		e specific and cannot be more than five business d
days after the u	ate of ming.	
	CNA TURE	
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REQUIRED SI		
REQUIRED SI	Micha	l allen Tuhw

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)

Typed or printed name of signee