## L07000084517

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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TO:	Registration : Division of C				
cuen	<sub>rcr.</sub> Super	ior Tile & Marble F	Plus L.L.C.		
SUDA	ec		ed Liability Compa	any)	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing	z.	
		pondence concerning this mat	•		
	Cristina P			,	
	Onstitue 1	. i ong	(Name of Person)	<u> </u>	
	Superior '	Tile & Marble Plus	L.L.C.		
			(Firm/Company)	rr	·
	157 Cata	nia Way			
			(Address)		
	Royal Pal	im Beach, FL 3341	1		
			y/State and Zip Code	:)	-
For fiv	rther information	concerning this matter, pleas	e call:		
					_
Cris	tina P. For		444 1	514-104	ephone Number)
	(Nam	e of Person)	(Area Cod	e ox Dayume iei	epnone Numoer)
Enclo	sed is a check f	or the following amount:			
<b>⊠\$</b> 125	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$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 Address ion Section of Corporation Building ecutive Center (	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	ny is:		
Superior Tile & Marble Plus L.I	C.		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limited Liabil	ity Compan	y is:
Principal Office Address:	Mailing Address:		
157 Catania Way	157 Catania Way		
Royal Palm Beach, FL 33411	Royal Palm Beach, FL 33411		
157 Catania Wa Florida sti Royal Palm Bea	n Registered Agent. You must designate an individual  f the registered agent are:  Name  Y  reet address (P.O. Box NOT acceptable)		SECRETARY OF STATE OIVISION OF CORPORATIONS
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and comp	nd to accept service of process for the abo ed in this certificate, I hereby accept the ap apacity. I further agree to comply with the lete performance of my duties, and I am fa us registered agent as provided for in Chap	opointment of provisions miliar with a	as of all and

(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:

"MGR" = Manager "MGRM" = Managing M	ember	
MRG		Luis Fong
		157 Catania Way
		Royal Palm Beach, FL 33411
-	-· ·	
	,	
	<del>-</del> ·	
(Use attachment if necess	ary)	
	ther than the da	ate of filing: (OPTIONAL)
LE.V: Effective date if o	min min min an	
ffective date is listed, the	date must be s	pecific and cannot be more than five business days I
ffective date is listed, the	date must be s	
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ffective date is listed, the days after the date of fili	date must be s ng.)	
ffective date is listed, the days after the date of fili	date must be s ng.) RE:	

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