## L07000100193

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	>#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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TO: Registration Section Division of Corporations				
SUBJECT: V K Tile Stone LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are				
Please return all correspondence concerning this mate	ter to the following:			
Vitaliy Kharkovets				
	(Name of Person)			
	(Firm/Company)			
9723 Riverchase Dr				
	(Address)			
New Port Richey, FL 34	655			
(Cit	y/State and Zip Code)			
For further information concerning this matter, please	agali			
Vitaliy Kharkovets	at (727 ) 637-2500			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 I - Name:** 

The name of the Limited Liability Company i	is:		
V K Tile Stone "LLC"		<del></del>	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabilit	ty Compan	y is:
Principal Office Address:	Mailing Address:		
9723 Riverchase Dr	Same.		
New Port Richey, FI 34655			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.)  The name and the Florida street address of the	gistered Agent. You must designate an individual o		SEASO
Vitaliy Kharkove	ts	00]	ᅙᅂ
Nan		1	,
9723 Riverchase	e Dr	—— ———————————————————————————————————	
	address (P.O. Box NOT acceptable)	1	
New Port Richey	v <sub>11</sub> 34655	င္ <mark>မ</mark>	
	e, and Zip	. 80	
Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the appoints. I further agree to comply with the p	pointment a provisions o niliar with a	s of all and

(CONTINUED)
Page 1 of 2

Registered Agent (Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
One Owner/Manager	Vitaliy Kharkovets_ 9723 Riverchase Dr New Port Richey, FI 34655	<del></del>
		···
		<u> </u>
		_
		<del></del> =
	<u> </u>	
(Use attachment if necessary)		_
·	e date of filing: 9/25/2007 . (OPTI be specific and cannot be more than five busines	
REQUIRED SIGNATURE:		

Signature of a member of 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.)

Kharkouets
Typed or printed name of signee

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)