# 108000030140

(Re	equestor's Nar	me)	
(Ac	ldress)	····	
. (Ac	ldress)		
(Ci	ty/State/Zip/Pl	hone #)	
PICK-UP	☐ WAIT	MAIL	
. (Bu	usiness Entity	Name)	
(Do	ocument Num	ber)	
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:	<u></u>	
			:
		•	
789 29	326 (	071	

Office Use Only



03/10/08--01042--011 ++180.00

# COVER LETTER

10:	Division of Corporations			
SUBJE	<sub>CT:</sub> Tiles, l	LC		
50201		(Name of Limite	d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	Carlos Per	ez		
			(Name of Person)	
	Tiles, LLC	;		
			(Firm/Company)	
	6400 NW	72 Ave, Room # 3		
			(Address)	
	Miami, FL	33166		
		(Cit	y/State and Zip Code)	
For fur	ther information	concerning this matter, please	e call:	
Carl	os Perez		at ( 305 ) 887-33	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:		
<b>□</b> \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2008

CARLOS PEREZ 6400 NW 72 AVE. ROOM #3 MIAMI, FL 33166

SUBJECT: TILES, LLC

Ref. Number: W08000013008

We have received your document for TILES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 10, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 508A00015144

Marsha Thomas Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
TILES, L.L.C.  (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6400 NW 72 AVE, ROOM # 3 MIAMI, FL 33166	6400 NW 72 AVE, ROOM # 3 MIAMI, FL 33166	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the recommendation of the Registered Agent, Registered Company Co	ered Agent. You must designate an individual or another	
Name		
6400 NW 72 AVE Florida street add	tress (P.O. Box <u>NOT</u> acceptable)	
MIAMI, FL 33166	FL	
City, State, a	and Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED) Page 1 of 2

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:
MGR	CARLOS PEREZ  13750 East Palomino Drive Southwest Kanches, Fl 33350
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)  De specific and cannot be more than five business days pri
<u>required</u> signature:	
· · · · · · · · · · · · · · · · · · ·	than authorized representative of a member.  Union 608.408(3), Florida Statutes, the execution thuses an affirmation under the penalties of perjury herein are true.)
CARLOS PE	

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)