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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scott Oplar Tile 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:
Scott Dollar (Name of Person)
(Name of Person)
74 Stephen - Donaldson od (Address)
74 Stephen - Donaldson rd (Address) Cranfordville 71, 32327 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott Dollar at (850) 519-7623 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Scott Polker Tile LLC 74 Stephen - Donaldson rd. Crawford VIK, 71. 32327	Same
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 re Scott Name 74 Stephen Florida street addr Crawtorduille City, State, an	Sonaldson rd ess (P.O. Box NOT acceptable) FL 32327
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I and familiar with and ered agent as provided for in Chapter 608, F.S THE (REQUIRED) THE (REQUIRED)

(CONTINUED) Page 1 of 2

(m) (a)	N7 1 4 1 1
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Scott Vollar 74 Stephen - Donatison Crantordville, 71, 323
<u> </u>	
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(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must	he date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business de
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with softhis document conthat the facts stated	be specific and cannot be more than five business dependence of a member. Section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury dependence of the penalties of penalties of perjury dependence of the penalties of
REQUIRED SIGNATURE: Signature of a mem (In accordance with sof this document conthat the facts stated	be specific and cannot be more than five business dependence of a member. ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury the statutes are true.)