# 6080000 31761

. .

(Re	questor's Name)	
	,	
(Add	dress)	
(Add	dress)	
<b>(</b>	,	
(0)	(O) 1 (2) (D)	48
, (City	y/State/Zip/Phone	∌#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
•	,	
Certified Copies	Cartificator	of Status
Certified Copies	_ Centificates	on Status
Special Instructions to I	Filing Officer:	





800120483538

03/17/08--01049--005 \*\*155.00

2008 MAR 27 PM 3: 17
SECRETARY OF STATE

T. CLINE
MAR 2 8 2008
EXAMINER



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2008

RICHARD HUMANES 1141 WILMINGTON DR DELTONA, FL 32725

SUBJECT: CAMDYN STONE & TILE

Ref. Number: W08000014292

We have received your document for CAMDYN STONE & TILE and check(s) totaling \$155.00. However, the enclosed document has not been and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." 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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A00016350

# **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: Camd	yn Stone & Tile					
SUBJECT:	<del></del>	ed Liability Compa	ny)			
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	•			
Please return all corresp	ondence concerning this matt	er to the following:				
Richard M	Humanes			₹	2	
		(Name of Person)		SECRE IA	2008 MAR 2	
		(Firm/Company)		SSEE		r r
1141 Wiln	nington Dr		_	FLO	PH 3	7
-		(Address)		32		
Deltona, F	FL 32725			, 1, 7	<del></del>	
	(Cit	y/State and Zip Code	)			
For further information	concerning this matter, please	e call:				
Richard M Hur	manes	at ( 386	490-568	0		
(Name	e of Person)	_ ''' \/	& Daytime Tel	ephone Number)	-	
Enclosed is a check for	or the following amount:		_	_		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	рy	\$160.00 Filing I Certificate of Sta Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding outive Center Cee, FL 32301	S		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Camdyn Stone & Tile L.L.C.			
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:	5	s 28	
The mailing address and street address of the pri	ncipal office of the Limited Liabil	Scongany is:	
Principal Office Address:	Mailing Address:	MAR 27	1 ]
1141 Wilmington Dr	1141 Wilmington Dr		
Deltona, FL 32725	Deltona, FL 32725	S S S	
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 registration.	ered Agent. You must designate an individual or		
Richard M Humanes			
1141 Wilmington Dr			
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)		
Deltona, FL 32725	FL .		
City, State, ar	nd Zip		
Having been named as registered agent and to a	accept service of process for the above	stated limited	1

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..

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:

<del>.</del>	
	ASS DE
	SECRETARY ALLLAHASS
	LORID
	<b>&gt;</b>
(Use attachment if necessary)	

# **REQUIRED SIGNATURE:**

Signature of a member or 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.)

### Richard M Humanes

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)