L08000047649

(Requestor's Name)			
(,,			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of S	Status		
Special Instructions to Filing Officer:			
	:		
	:		
	į		

Office Use Only



500128624595

05/12/08--01024--019 **160.00

SIGOS

OB MAY 12 PH 3: 12
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Antonino Fuschetto Tile & Marble (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:
Antonino Fuschetto (Name of Person)
Antonino Fuschetto Tile & Marble (Firm/Company)
7560 Duncrest Ro (Address)
Lake Worth, FL 33436 (City/State and Zip Code)
For further information concerning this matter, please call:
Antoning Fuschetto at (561) 967-9509 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Antonino Fuschetto Ti (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Compar	y is:
Principal Office Address:	Mailing Address:	
7560 Duncrest Rd Lake Worth, FL 33467	7560 Junciest Rd Lake Worth, FL 3346Z	
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	egistered agent are:	
Moseann Fusc Name	chetto ANASS	Care

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/1044 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

tntonino

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)