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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Cec</u>	Mame of Limited L	tions LL iability Company)	<u>C</u>
The enclosed Articles of	Organization and fee(s) are subr	nitted for filing.	
,	ndence concerning this matter to		
Char	ES W. Leona	ne of Person)	
Cera	mie Invo	vations (LLC
155	1 Cheyenn	e ct. C	
T	AU. FL. (City/Sta	32301 te and Zip Code)	
For further information co	oncerning this matter, please call	i:	
Charles W. (Name o	Leanard at ((#\$\omega_ \) 321-9 (Area Code & Daytime Tele	8829 phone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	Certificate of Status	S155.00 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 Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ceramic Innovations LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:
Principal Office Address: Mailing Address:	
1551 Cheyenne Ct. C 1551 Cheyenne Ct. C	-
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Charles W. Leonard III SSR Ward Charles Charle	

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MBRM	Charles W. Leonard 1551 Cheyenne C
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(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a	than the date of filing:
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the fact	than the date of filing:

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