

LD9 000014850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

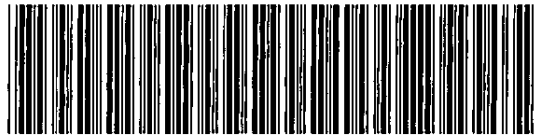
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FILED

C. LEWIS
2-13-2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

ROGER VICKERS TILE LLC

(Name of Limited Liability Company)

The enclosed Articles of Incorporation and Bylaws are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROGER VICKERS

(Name of Person)

ROGER VICKERS TILE LLC

(Name Company)

PO BOX 296

(Address)

NEW SMYRNA BEACH, FL 32170

(City/State and Zip Code)

For further information concerning this matter, please call:

ROGER VICKERS

(Name of Person)

at 386 576 4333

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$125.00 Filing Fee & Certificate of Status
- \$125.00 Filing Fee & Certified Copy (Certified copy is optional)
- \$100.00 Filing Fee, Certificate of Status & Certified Copy (Certified copy is optional)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6227
Tallahassee, FL 32317

Street/Inquirer Address
Registration Section
Division of Corporations
Office Building
200 Executive Center Circle
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2009

ROGER VICKERS TILE LLC
P.O. BOX 296
NEW SYMRNA BEACH, FL 32170

SUBJECT: ROGER VICKERS TILE LLC
Ref. Number: W09000003804

We have received your document for ROGER VICKERS TILE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 709A00002692

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Roger Vickers 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:

Roger Vickers
(Name of Person)

Roger Vickers
(Firm Company)

2552 Jelleck Ave
(Address)

New Smyrna Beach, Fl 32168
(City State and Zip Code)

For further information concerning this matter, please call:

Roger Vickers at (386) 576-4333
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee *already paid 1-19-09*
- \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roger Vickers TILE 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:

2552 Selleck Ave.
New Smyrna Beach, FL
32168

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:

Roger Vickers
Name

2552 Selleck Ave
Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach 32168
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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.

Roger Vickers
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Roger Vickers-
MGR

Roger Vickers
2552 Sellick Ave
New Smyrna Beach, FL 32108

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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:

Roger Vickers
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.)

Roger Vickers
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA