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T. CLINE
AUG - 7 2009
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations			
SUBJECT:	Pa	at Pace Tile, LLC		
	Name of Lim	ited Liability Company		- ,
The enclosed Articles o	f Organization and fee(s) are	e submitted for filing.		
Please return all corresp	condence concerning this ma	itter to the following:		
<u> </u>	F	Patrick L. Pace	· · · · · · · · · · · · · · · · · · ·	
	•.	Name of Person	. :	
	Pa	t Pace Tile, LLC		
		Firm/Company		_
	5235 Forzley St.			725 725 725
		Address		AFF
		lando, FL 32812		ARY ASSE
		itỳ/State and Zip Code		2009 AUG -6 PM 1: 13 SECRETARY OF STATE TALL ANASSEE. FLORID
For further information	E-mail address: (to be used concerning this matter, please	for future annual report notification 	i) . ' .	RIDA RIDA
	ck L. Pace	at (<u>407</u>) Area Code & Daytime T	381.2456 Telephone Number	
_	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	iling Fee, e of Status & Copy copy is enclosed)
· , ,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	n e: nited Liability Company is	: :	
(Mus	Pat Pace T		.LC.")
ARTICLE II - Add The mailing address		orincipal office of the Li	mited Liability Company is:
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
5235 Forzley St. Orlando, FL 32812	2		7099 7099
(The Limited Liability Corbusiness entity with an ac	gistered Agent, Registered npany cannot serve as its own Registive Florida registration.) lorida street address of the	istered Agent. You must designa	
_	Patrick I	L. Pace	
	Name	e	.•
_	5235 Fo	*	_
	Florida street address (P.C	D. Box <u>NOT</u> acceptable)	_
_	Orlando, FL 32812	<u>FL</u>	
	City, State,	and Zip	
liability compan registered agent and statutes relating to	y at the place designated in d agree to act in this capac	this certificate, I hereby ity. I further agree to conversormance of my duties, ristered agent as provided	nply with the provisions of all and I am familiar with and

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager		Name and Address:	
"MGRM" = Manage			
MGRM		Patrick L. Pace 5235 Forzley St. Orlando, FL 32812	
MGRM		Deborah H. Pace 5235 Forziey St. Orlando, FL 32812	
			2009 A SECT
(Use attachment if	• ,		HASSEE, FI
	d, the date must be s	ate of filing: August 5th, 2009. specific and cannot be more than five b	(OPFIONAL)
<u>REQUIRED</u> SIGN	Patent 7	Leace or an authorized representative of a member	.
Č		on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjurn are true.)	у
- Filing Fees:	Туре	Patrick L. Pace and or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)