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SECRETARY OF STATE
TALL AHASSES FLORID.

D. BRUCE

FEB 4 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	ст:		anite, Marble and Tile, LLC	
		Name of Lim	nited Liability Company	
The end	losed Articles	of Organization and fee(s) are	re submitted for filing.	
Please r	eturn all corre	spondence concerning this ma	atter to the following:	
		Giuse	eppe Mastrolonardo	
-			Name of Person	
•			Firm/Company	
_		613	Quintana PL N.E.	
			Address $\sum_{i=1}^{n} x_i = 1$	•
		St. Pe	Petersburg FL 33703)] _
-			ity/State and Zin Code)
		pino'	1059@hotmail.com	֓֞֝֟֜֜֝֜֝֓֓֓֓֓֓֓֓֜֝֓֓֓֓֡֝֟֝֓֓֓֡֡ ֓֓֞֞֜֞֞֜֞֞֞֜֞֞֞֩֞֞֩֞֞֜֞֡
		E-mail address: (to be used	d for future annual report notification)	
For furt	her information	concerning this matter, pleas	d for future annual report notification)	
		Pino	Dm 7	
	Namo	e of Person	at (727) 687-7757 Area Code & Daytime Telephone Number	
Enclose	ed is a check t	for the following amount:		
]\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy	
			(additional copty is enclosed)	
		Mullit Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courlet 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:	
Imperial Granite, Marb (Must end with the words "Limited Liabili	le and Tile, LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
613 Quintana PL N.E. St. Petersburg, FL 33703	613 Quintana PL N.E. St. Petersburg, FL 33703
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: cred Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Giuseppe Mas	trolonardo ES 3
Name	HAR EB T
613 Quintana	PL N.E.
Florida street address (P.O.)	Box NOT acceptable)
St. Petersburg, FL 33703	FL FLS
City, State, an	d Zip ORA
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(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:

Title:		Name and Address:
"MGR" = Manag "MGRM" = Man		
MGR		Giuseppe Mastrolonardo
		613 Quintana PL N.E.
		St. Petersburg, FL 33703
	_	
		
(Use attachment i	f necessary)	
CLE V: Effective of	late, if other than thed, the date must	he date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective of	late, if other than the date must te of filing.)	
CLE V: Effective of effective date is list days after the da	late, if other than the date must te of filing.)	
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