(Decuested News)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(bocument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
CELL EDC				
L. SELLERS				
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Office Use Only

I' Scott Dollar will not revoke disoloin of Scott Dollar Tile LLC. Ooc. # LOSDODOBIIGY

In I. Ih

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scott Dollar Tile 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:
Scott S. Dollar
Scott Dollar Tile LLC
Firm/Company 74 Stephen Donaldson od Address
Crawfordulle F1. 32327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott 5 Dollar at (850) 519-7623 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & \bigcup \$155.00 Filing Fee & \bigcup \$160.00 Filing Fee,

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:				
Scott Ool	dity Company, "L.L.C.," or "LLC.")	LLC	<u></u>	
ARTICLE II - Address:	•			
The mailing address and street address of the pr	incipal office of the Limited	Liabilit	y Con	npany is
Principal Office Address:	Mailing Address:			
74 Stephen Donaklsonre	Same			
32321			—	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
The name and the Florida street address of the r	egistered agent are:			
5-24	D. 1/2			
Name	Dollar			
74 Stephen Florida street add	Donalloson iress (P.O. Box NOT acceptable)	rd.		
<u>Crawfordur'lle</u> City, sla	FL 32327 ate, and Zip	·		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	his certificate, I hereby accep v. I further agree to comply w rformance of my duties, and I	t the app with the p I am fami	ointm rovisie iliar w	ent as ons of a vith and
Registered Agent's Signat	Ih	SECRI	ال 10	'éstpag
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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 (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:**

.

that the facts stated herein are true.)

Szott S. Dollar Typed or printed name of signee

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

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)