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## COVER LETTER

•	TO:	Registration S Division of Co						
		211131011 01 00	- por mono					
	SUBJE	CT: Agape						
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:							
	Stephanie Dittrick							
	_			Name of Perso	n			
	Agape Tile, LLC							
				Firm/Company	y			
	P.O. Box 1180							
				Address				
	Rose Hill, NC 28458							
	-			ty/State and Zip	Code			
agapetile@earthlink.net								
	_		E-mail address: (to be used	for future annual	report notification	en)		
	For furt	her information	concerning this matter, pleas	e call:				
Stephanie Dittrick			at ( 910	,289-42	10			
Name of Person		Area Code & Daytime Telephone Number						
	Enclose	ed is a check fo	or the following amount:					
	<b>☑</b> \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	/ Certified	Filing Fee & Copy 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	Regi Divi Clift 2661	et/Courier Addy stration Section sion of Corporat on Building Executive Cent shassee, FL 3236	tions ter Ci	rele '	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the L	imited Liability C	Company is:	
•			
Agape Tile, LL(	C		
(N	fust end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		ress of the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
8073 Cypress Drive So	outh '	P.O. Box 1180	
Fort Myers, FL 33967		Rose Hill, NC 28458	
The Limited Liability C business entity with an	Company cannot serve a active Florida registrat	,	
i ne name and the	Florida street add	lress of the registered agent are:	ASSA -2
	Stephanie Dittr	rick	ണ്≕് ആ
		Name	
	8073 Cypress	Drive South	AM II: 50 OF STATE E, FLORID
	Flo	orida street address (P.O. Box NOT acceptable)	
	Fort Myers	FL 33967	
		City, State, and Zip	

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)

(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" = Manager "MGRM" = Managing Member MGRM Stephanie Dittrick 8073 Cypress Drive South Fort Myers, FL 33967 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five bust to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Stephanie Dittrick

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

Typed or printed name of signce