~ L10000105924

(Address)		
► (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<i>,</i>		

Office Use Only



600186204626

10/08/10--01009--020 **160.00

2010 OCT -8 AM ID 38
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

OCT 1 1 2010

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: TAO GLASS TILE LLC					
		ted Liability Comp	any		
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspon	dence concerning this mat	ter to the followin	g:		
PAUL DESLAURIER S					
		Name of Person			
BOLERO USA L	LC				
	·	Firm/Company			
2450 W.Sample Rd 11mi+ 13					
		Address			
Pompano Seach	FI33074 Z	pCipe	33073	PE 13	
Paul City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
PAUL DESLAURIER (2014-0347)					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for t	he following amount:				
□\$125.00 Filing Fee □	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filis Certified Co (additional cop	opy /	\$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	Registrat Division Clifton I 2661 Ex	Courier Address tion Section t of Corporations Building ecutive Center C		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	
TAO GLASS TILE LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2450 W. Sample Rd , Unit	2450 W.Sample Rd Uait 3
Pompano Beach FI 33074 33073	Pompano beach FI aderes 330 733 N
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual crampther registered agent are:
MARC LABOSSIERE	20 30 mg
Name	
1222 NE 4 TH AVENU	E
Florida street ac	idress (P.O. Box <u>NOT</u> acceptable)
FORT LAUDERDALE	FL 33304
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:
MGR	Paul Deslaurier S 2450 W. Sampte Rd , Unit 18 Pompano Boach Florida 33073
MGRM	Patrick Simard 2450 W. Sample Rd , Umi \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	7 SE 20 F
(Use attachment if necessary)	DCT -8 M
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mut to or 90 days after the date of filing.)	The same of the sa
REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member.
(In accordance wi	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
- 	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)