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DEC 1 6 2010

## **COVER LETTER**

Division of C	Corporations		
SUBJECT: Ge	nerations Tile Name of Limited L	<u>&amp; Remocle li</u> iability Company	ng, LLC
The enclosed Articles	of Organization and fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning this matter to	the following:	
Reb	ecca L Huk	bbarcl ne of Person	
Gene	erations Tile &	B Remocleting	LLC
	Warfield Ave		
Ven	ice Fe	te and Zip Code	85
9	E-mail address: (to be used for fi		
For further informatio	n concerning this matter, please cal	1:	
Rebecci	4 Hubbard at e of Person	( <u>941</u> ) <u>484</u> Area Code & Daytime Tel	-6570 ephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional 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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	5/50my
Genevations Tile (Must end with the words "Limited Liability	
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
300 Warfield Ave Unit-C	Same
Venice FL 34285	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
Lenice F.  City, State  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 per	ress (P.O. Box NOT acceptable)  The, and Zip  The accept service of process for the above stated limited his certificate, I hereby accept the appointment as a service of my duties, and I am familiar with and the tered agent as provided for in Chapter 608, F.S
(CONTINU	UED)

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" = Managing Member	
MOR	Duane Goode
	Dunne Goode 1100 Gulf Coast Blud. Venice Fl. 34285
The state of the s	
(Use attachment if necessary)	
FICLE V: Effective date, if other than the in effective date is listed, the date must r 90 days after the date of filing.)	ne date of filing: Jpp. 1, 2011. (OPTIONAL) be specific and cannot be more than five business days p

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DUANCE E Goode
Typed of 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)