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(Re	equestor's Name)	
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PICK-UP	MAIT .	MAIL
(Bi	usiness Entity Nar	me)
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Certified Copies	Certificate:	s of Status
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EFFECTIVE DATE 2 1 2011

B. KOHR

FEB - 7 2011

EXAMINER

11 FEB -4 AM 10: 10

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: On the Mark Tile, LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	submitted for filing.
Mark H. Rouse, Jr	
	Name of Person
On the Mark Tile, LLC.	EFFECTIVE DATE 2 1 2011
	Firm/Company
PO Box 5752	
	Address
Gainesville, FI 32627	
	ty/State and Zip Code
mark.rouse.jr@gmail.com	for future annual report notification)
For further information concerning this matter, pleas	
Mark Rouse	at (352) 665-0604
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Silfonce Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: On the Mark Tile, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2919 NE 13th Drive	PO Box 5752
Gainesville, FL 32609	Gainesville,FL 32627

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mark H. Rouse,	Jr
	Name
2919 NE 13tl	h Drive
Florida s	street address (P.O. Box NOT acceptable)
Gainesville	_{FL} 32609
	City State and Zin

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:

"MGRM" = Manag		
MGR		Mark Rouse
		PO Box 5752 Gainesville, FI 32627
		Gainesville, Fi 32027
(Use attachment if r	ecessary)	
	-	
CLE V: Effective dat	e, if other than th	ne date of filing: February 1, 2011 (OPTION
		be specific and cannot be more than five business da
0 days after the date	or ming.	
	ATURE:	

(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.)

Mark H. Rouse, Jr.

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)