

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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((H11000104104 3)))



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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

**L. SELLERS**

APR 20 2011

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
 11 APR 19 PM 3:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**quality wall and floor products usa llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
 11 APR 19 AM 10:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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H11000104104

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLES I - Name

The name of the Limited Liability Company is:

QUALITY WALL AND FLOOR PRODUCTS USA LLC

ARTICLE II - Address:

Principal Office Address:

9720 SW 121<sup>ST</sup>

Miami, Florida 33137

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  
Signature :

The name and the Florida street address of the Registered Agents are:

IBRAHIM GHANTOUS

Name

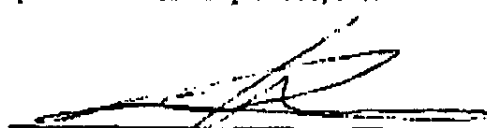
420 SOUTH DIXIE HWY, 2-C

Florida Street Address (PO Box NOT acceptable)

MIAMI, FLORIDA 33146

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.

  
IBRAHIM GHANTOUS, REGISTERED AGENT

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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**

**Managing Members:**

Julie Patricia Hanna Habib  
9720 SW 121<sup>st</sup> Street  
Miami, Florida 33176

George Habib  
9720 SW 121<sup>st</sup> Street  
Miami, Florida 33176

**Manager**

George Habib  
9720 SW 121<sup>st</sup> Street  
Miami, Florida 33176

  
Signature of a member or an authorized representative of a member

**GEORGE HABIB**  
Printed Name of Signee

SWORN TO AND SUBSCRIBED before me on this 31 day of March,

2011. Personally known to me, \_\_\_\_\_ Or type of identification Produced

  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



ANA CRISTINA PAREDES  
MY COMMISSION # 00 648062  
EXPIRES: March 13, 2014  
Bonded thru Equal Notary Services

H11000104104