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·
(Requestor's Name)
(Address)
(was also
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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DEFAREMENT OF CARPORATIONS
TALLAMASSEF OF SHIDA



MAY -4 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:		an L.L.C.	
	Name of Limited L	iability Company	
The enclosed Articles	s of Organization and fee(s) are subn	nitted for filing.	
Please return all corre	espondence concerning this matter to	the following:	
· .	Michael	T. Dickerso	
	Tile Ma	T- Pickerson ne of Person L.L.C. n/Company	艺统 之
	, <u>Do x</u>	// 4 C Address	- Bay 3
	Wand will	E/ 12362	A STANSON
	City/Sta	F/. 32362 te and Zip Code	2
·	E-mail address: (to be used for fu		
D. C. d Compat		·	
For further information	on concerning this matter, please call		
Michae	17. Orcherson at ne of Person	(Pso) 284- Area Code & Daytime Telep	1805 hone 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Tile Man L.L.C.
(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:
7609 Sandston Blud P.O. BOX 1146 Tallahassan Fl 32310 Woodvilla Fl. 32362
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:
Michael T. Dickerson
7609 Sandstone Blvd. Florida street address (P.O. Box NOT acceptable)
Tallaherseefl 32310 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael T. Dielerson
	P.O. Dox 1146
	Michael T. Dickerson P.o. Box 1146 Woodville, Fl. 32362
	<u></u>
	
	<u> </u>
	- the transfer of the state of
(Use attachment if necessary)	,
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
effective date is listed, the date mu 00 days after the date of filing.)	st be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	1100 1

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)

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.)

Michael T. Diakerson
Typed or printed name of signee