

L110000064114

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

W11000028248

Office Use Only



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05/20/11--01034--011 \*\*160.00

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11 MAY 20 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 01 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2011

MAURIZIO LOMBARDO  
2074 BONISLE CIRLCE  
PALM BEACH GARDENS, FL 33418

SUBJECT: TILE & STONE SPECIALIST. LLC  
Ref. Number: W11000028248

We have received your document for TILE & STONE SPECIALIST. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 311A00012680

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11 MAY 20 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tile & Stone Specialists, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maurizio Lombardo

Name of Person

Firm/Company

2074 Bonisle Circle

Address

Palm Beach Gardens Florida 33418

City/State and Zip Code

km1955@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurizio Lombardo

Name of Person

at ( 561 )

312-6836

Area Code & Daytime Telephone 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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tile & Stone Specialists. 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:**

2074 Bonisle Circle  
Palm Beach Gardens  
Florida 33418

**Mailing Address:**

Same as Principal Office

**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:

Palm Beach Marble Imports, Inc.  
Name

1750 Australian Ave

Florida street address (P.O. Box **NOT** acceptable)

Riviera Beach FL 33404

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Roberto Luis Rob  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Maurizio Lombardo  
2074 Bonisle Circle  
Palm Beach Gardens FL 33418

MGRM

Salvatore Lombardo  
1711 SW. Cochran Street  
Port Saint Lucie, FL. 34953

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\_\_\_\_\_  
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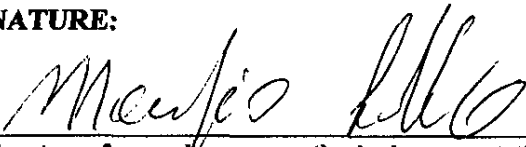
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(Use attachment if necessary)

HL

**ARTICLE V:** Effective date, if other than the date of filing: May 20, 2011 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Maurizio Lombardo

Typed or printed name of signer

**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)

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11 MAY 20 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399