

L11000072490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

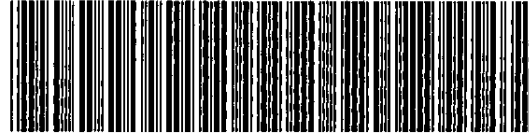
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G. MCLEOD

JUN 22 2011

EXAMINER



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11 JUN 21 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/07/2028 04:58

#1317 P.002/002  
#1295 P.002/002

## JLM STONE MARBLE & TILE

927 SCOTT DRIVE  
WEST PALM BEACH, FL 33415  
561-686-8626

June 21, 2011

Florida Department of State,  
Division of Corporations  
Gina McLeod,  
Regulatory Specialist II

REF: W11000030718

Ms/Mrs. McLeod,

This is in response to the letter send to me on June 6, 2011 about another entity existing with the same name. Document number P06000147658 JLM STONE MARBLE AND TILE, INC is my company as well, however, it has been administratively closed as of Sep. 24, 2010. My accountant has requested/advised me to open an LLC therefore this is what I am trying to do.

If this is enough to correct the problem or if you require further information please contact me at [Flock19@hotmail.com](mailto:Flock19@hotmail.com) or call me at 561-686-8626 or 561-718-2235.

Thank you

  
Jose Luis Messina, V.P./MGRM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JLM STONE MARBLE & TILE, 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:

**JOSE LUIS MESSINA**

Name of Person

**N/A**

Firm/Company

**927 SCOTT DRIVE**

Address

**WEST PALM BEACH, FLORIDA, 33415**

City/State and Zip Code

**J\_MESSIN@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**JOSE LUIS MESSINA**

Name of Person

at ( **561** ) **686 8626**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**JLM STONE MARBLE & 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:

927 SCOTT DRIVE  
WEST PALM BEACH  
FLORIDA, 33415

#### Mailing Address:

927 SCOTT DRIVE  
WEST PALM BEACH  
FLORIDA, 33415

### 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:

**JOSE LUIS MESSINA**

Name

**927 SCOTT DR**

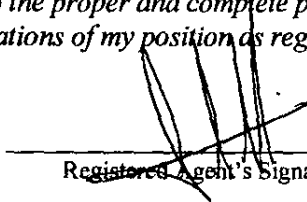
Florida street address (P.O. Box **NOT** acceptable)

**WEST PALM BEACH FL 33415**

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..*

  
\_\_\_\_\_  
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

JOSE LUIS MESSINA

927 SCOTT DR

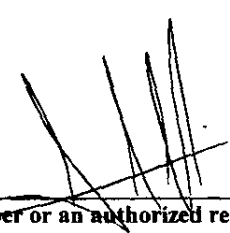
WEST PALM BEACH, FL 33415

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

**JOSE LUIS MESSINA**

\_\_\_\_\_  
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)**