# L11000091232

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



300210754003

08/08/11--01030--016 \*\*130.00

11 AUG -0 PH 12: 15
SECRE AND OF STATE
TAIL AND SECRE FINANCE

B. BOSTICK
'AUG 9 2011
EXAMINER

### **COVER LETTER**

_	on Section f Corporations		
SUBJECT:	Frederiks	sen Tile, LLC.	
	Name of Limit	ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	Fred A.	Frederiksen II	_
		ksen Tile, LLC.	
	Ticacii	Firm/Company	_
	1001 Fair	play Avenue, N.W.	
		Address	
		ay, Florida 32907	
-		ty/State and Zip Code	
		nly@netzero.com for future annual report notification)	
For further informat	ion concerning this matter, please		
	rederiksen II		
	ume of Person	at (321 ) 543-2560 Area Code & Daytime Telephone Number	<del></del>
Enclosed is a chec	k for the following amount:	HE ASS	AUG - O
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	& P
	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 - Nat The name of the L	me:				
The name of the Limited Liability Company is:  Frederiksen Tile, LLC.					
ARTICLE II - Ac The mailing addre		f the principal office of the Limite	d Liability Company is:		
Principal Office Address:  1001 Fairplay Ave. N.W. Palm Bay, Fl 32907		Mailing Address:			
		1001 Fairplay Ave. N.V Palm Bay, Fl 32907	V		
business entity with an	active Florida registration.) Florida street address of	wn Registered Agent. You must designate an of the registered agent are:	individual or another		
		Name			
	4004 = 1	alass Assa Alixaz			
	1001 Fair	olay Ave. N.W.			
		Olay AVE. IN.VV. treet address (P.O. Box <u>NOT</u> acceptable)	)		
		treet address (P.O. Box NOT acceptable	)		
	Florida si Palm Ba	treet address (P.O. Box NOT acceptable)	)		
liability compa registered agent a statutes relating	Florida so Palm Ba  med as registered agent of the place designa and agree to act in this of to the proper and comp	treet address (P.O. Box <u>NOT</u> acceptable)  19, FL 32907	the above stated limited opt the appointment as with the provisions of all I am familiar with and		

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGR" Fred A. Frederiksen II 1001 Fairplay Av. N.W. Palm Bay, FI 32907 (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:**

(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.)

Signature of a member or an authorized representative of a member.

Fred A. Frederiksen II

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)