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SECRETARY OF STATE

COVER LETTER

	Division of Corporations						
	SUBJECT: Tavares 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:						
	Lucas Tavares Name of Person						
	Tavares Tile LLC						
	Firm/Company .						
310 Vinings Way Blud bld. 8 apt. 103							
	Destin Fb 32541						
	E-mail address: (to be used for future annual report notification)						
	E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
	Destin Fl. 3254) City/State and Zip Code Lucastavares@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lucas Tavares at (850) 2599494 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:						
	Enclosed is a check for the following amount:						
]	\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Tavares 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: Mailing Address:
310 Vinings Way Blvd bld.8 Japt. 103 Blvd bld.8 apt. 103 Destin, Fb, 32541 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:
Lucas Tavares SP 2 F
Name 310 Vinings Way Blv d bld. 8 apt 103 Florida street andress (P.O. Box NOT acceptable) Destin FL 32541 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager		Name and Address:			
"MGRM" = Managing	g Member				
					
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(T)					
(Use attachment if nec	essary)				
		ate of filing:			
n effective date is listed, t r 90 days after the date of		pecific and cannot be more than five b	usiness day	ys pri	or
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Sign Sign	ature of a member o	or an authorized representative of a member		2	Ö
(In accordance	e with section 608.40	08(3), Florida Statutes, the execution of this do	cumen S	AH II: 30	
constitutes ar	n affirmation under th	ne penalties of perjury that the facts stated hereition submitted in a document to the Department	in are theer	30	
constitutes a	third degree felony as	s provided for in s.817.155, F.S.)	i or state		
	Lucas	Tavares d or printed name of signee			
	Type	a 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)