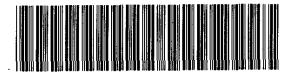
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D. BRUCE

FEB 2 2 2012

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: JACK ZVAAW 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:	
JOHN ZURAW	
Name of Person	
Firm/Company	
1286 WRIGHTS CREEK RD	
Address ,	
BONIPAY FL. 32425	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
	$\vec{\triangleright}_{c}$.
For further information concerning this matter, please call:	12 FE
at ()	AHASA 2
Name of Person Area Code & Daytime Telephone No	umber 🗸 🚐

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) Certificate of Status & Certified Comments (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:	
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 Lia	ibility Company is:
Principal Office Address: Mailing Address:	
1286 WELLING CREEK ED BONIFAY FL BONIFAY PL 32425 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's	 .
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualist business entity with an active Florida registration.)	dual or another
The name and the Florida street address of the registered agent are: Toko Zuram Name	12 FEB 22 NLLAHASSE
Florida street address (P.O. Box NOT acceptable) BONIFAY FL 32428	GF STATE E.FLORID
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	John Zuran 1286 WRILKTS CREEK RD BONIFRY FL 32428
·	1286 WRILKTS CREEK RD
	32428
(Use attachment if necessar	ry)
CLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL)
CLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior
CLE V: Effective date, if other effective date is listed, the date of filing days after the date of filing.	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior ag.)
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CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR	ner than the date of filing:
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affind I am aware that any	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior ag.) RE:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)