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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sinks & Faucets Too,	LLC
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Jason Isil	
	Name of Person
Sinks & Faucets Too, LLC	
	Firm/Company
2328 N. Washington Blvd.	
	Address
Sarasota, Florida 34234	
	ty/State and Zip Code
tgp@thegraniteplace.net E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Nicholas Isil	at (941) 360-8901
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times\$ Certificate of Status	\$155.00 Filing Fee & Signature Signature Status & 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:	
Sinks & Faucets Too, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Sinks & Faucets Too, LLC	Sinks & Faucets Too, LLC
2328 N. Washington Blvd.	2328 N. Washington Blvd.
Sarasota, Florida 34234	Sarasota, Florida 34234
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Jason Isil	
Name	
1836 Laurel Stree	et, Apt. B
Florida street ad	fress (P.O. Box <u>NOT</u> acceptable)
Sarasota	_{FL} 34236
City, St	ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
	TO TO

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Widning Member	
MGR	Jason Isil
	1836 Laurel Street, Apt. B
	Sarasota, Florida 34236
MGRM	Virginia Isil
	3810 Gulf of Mexico Drive, F208
	Longboat Key, Fl. 342285
MGRM _	Valerie Bell
	2054 Racimo Drive
	Sarasota, Fl. 34240
(Use attachment if necessary)	se date of filing: (OPTION)
LE V: Effective date, if other than th	be date of filing: (OPTIONAL) be specific and cannot be more than five business da
LE V: Effective date, if other than the	be date of filing: (OPTIONAL) be specific and cannot be more than five business day
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LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of a me	Der of an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State
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\$ 5.00 Certificate of Status (Optional)