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(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
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EXAMINER

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ATTACKET OF ALL DESCRIPTION OF A STATE OF A

TO: Registratio	n Section Corporations		
SUBJECT:	Allen's Tile Name of Limited I	and Mark	ble LLC
The enclosed Article	s of Organization and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter t	o the following:	
Ric	hard Allen	/ 1/ M M	
70	Na Na	me of Person	
	, Fir	m/Company	
240	23 /3anvan	no	
	1541/441	Address	
Tal	03 13anyan 11 F1 3230	3	
	City/St	ate and Zip Code	•
	E-mail address: (to be used for f	uture annual report notification)	
For further informati	on concerning this matter, please ca	ii:	
Allen	Lynn at	(850) 459- Area Code & Daytime Teleph	2746 none Number
Enclosed is a check	c for the following amount:		
\$125.00.Filing Fee	\$130.00 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 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 Cir Tallahassee, FL 32301	rcle AHA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Allen's Tile and (Must end with the words "Limited Liabil	Marble LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2403 Banyan PC TAIL FI 32303	2403 Banyan Dr TAILFI 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Allen Lyn	<u>n</u>
Name	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
City, Str	FL 32303 ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit 'statutes relating to the proper and complete pe	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 erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Allen Zu Registered Agent's Signal	nure (REOUIRED)
(CONTIN	SSE
Page 1 of 2	$\square_{:}$.

ARTICLE IV- Manager(s) or 1	Managing Member(s):
The name and address of each M	lanager or Managing Mer
	•

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Allen Lynn 2403 Banyan DC TAILFI 32303
Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: (OPTION be specific and cannot be more than five business da
days after the date of filing.) REQUIRED SIGNATURE:	ber or an authorized representative of a member.

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)