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# **COVER LETTER**

Division of Corporations
SUBJECT: Charles Edwards Ceramic Tile Services 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:
Charles Edwards
Charles Edwards Ceramic Tile Services LLC Firm/Company
3042 Bristol Hwy Address
Quincy F1. 32351 City/State and Zip Code
City/State and Zip Code  Charlesed wards 10 + 15, we +  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Charles Eduards at (850) 251-1812  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee Certificate of Status  Certificate Opy (additional copy is enclosed)  S160.00 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

The name of the Limited Liability Company is:	·
Charles Edwards Ceyar (Must end with the words "Limited Liabilis	nic Tile Services LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Buincy Fl. 52351	Puincy Fl. 3235)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	egistered agent are:
Florida street addi	ress (P.O. Box NOT acceptable)  FL 3635/ te, and Zip
liability company at the place designated in th	his 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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memi	Name and Address:
MGRm	William Charles Edward
mc RM	Donna Edwards 3042 Bristol Hwy Whincy, Fl. 3235
	FOR AND
(Use attachment if necessary	
CLE V: Effective date, if other effective date is listed, the door 90 days after the date of	r than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business filing.)
	: :
REQUIRED SIGNATURE	
 Ukshli	f a member 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)

Charles Edwards

Typed or printed name of signee