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Special Instructions to	Filing Officer:	

Office Use Only



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SECTEDARY INDIVIDE:

SEP - 6 2013 J. BRYAN

# **COVER LETTER**

TO:	Registration Division of C				
SHEAR	The same of the same	·	5 Sta.		
7	700 ROO	ARREYS Tile	ted Liability Company  - + Granite Limi	ted livability	Comn m
		of Organization and fee(s) are		1	o - m jove
Please	return all corres	pondence concerning this mat	ter to the following:	ί ,	
-	<b>.</b>	Thomas 1	N Beck	<i>i</i> ·	
	-!:	ż	Name of Person		
•	FloRIDA	Kevi Tile &	Granite limite	0 100-0519	
_	295	Cunningha	m Dr	a rimsing co	my
			Address	21 21	·
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_	/n	E-mail address: (to be used	for huture annual report notification)	MA Com	LU
For furt	her information	concerning this matter, please	call:	Mil-Company of PH 3:	
	7homas Name	Bec/K of Person	at ( 256 ) 625 - Area Code & Daytime Telep	7 (13	
Enclose	ed is a check f	or the following amount:			
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ 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 Ci Tallahassee, FL 32301	ircle	` .

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Florion 12 (Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.") in ite LEmited limbility Compa
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
295 Comingham Da Anni ston At 36201 ARTICLE III - Registered Agent, Registered	295 Cunningham Dr Anniston AC 36201 d Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the  Modular Home Name	es of MPlakina Keys Inc
Florida street ad  Markathon 71	HS Hghwy Suite 123  Idress (P.O. Box NOT acceptable)  FL 33050  tate, 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)

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:

"MGR" = Manager "MGRM" = Managing Member	
MGR	Thomas M Beck
	295 Conninghum Dr Anniston AL
	36201
	2013 SEP
	P -5
(Use attachment if necessary)	
TCLE V: Effective date, if other than to	he date of filing: $\frac{9/3}{13}$ . (OPTIONAL)
n effective date is listed, the date murter to or 90 days after the date of filing.)	ist be specific and cannot be more than five business day.

### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### 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)