LI400059982

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2014 APR 10 PH 3: 48

APR 11 2014 J. BRUCE

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT: Mako	Tile and Stone LLC Name of Lin	nited Liability Company		
The enclosed Article	s of Organization and fee(s) ar	e submitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
Kenneth	n O. Sampson	Name of Person		-
Mako T	le and Stone	Firm/Company		_
325 Pat	terson Av.	Address		-
Osprey	, Fla. 34229 C	ity/State and Zip Code		-
tilebymako@g	mail.com E-mail address: (to be used	d for future annual report notifica	ation)	
For further informati	on concerning this matter, plea	se call:	∑ ie	2014
Richard Sampson		41) 408- 4830		A APR
Na	ame of Person	Area Code Daytime Te	lephone Number	0
Enclosed is a check	for the following amount:		- M. O.	PH III
S125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	် ကို

المسا

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:		
Mako Tile and Stone LLC		
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
325 Patterson Av.	325 Patterson Av.	
Osprey Fl	Osprey Fl.	
34229	34229	_
The name and the Florida street address of the register STEVEN Nar 3708 Florida street address (P.O. B	MER RD Sox NOT acceptable)	2014 APR 1 C
SAR ASOTA City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Chi	cept the appointment as registered agent and agrans of all statutes relating to the proper and complobilizations of my position as registered agent as apter 605, F.S	ibility company at ee to act in this lete performance
(CONTIN	NUED)	

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Kannath O. Campaga
MGK	Kenneth O. Sampson 325 Patterson Av.
	Osprey , Fl. 34229
	OSPIGY, I.I. OTRES
·	
EV: Effective date, if other than the d	ate of filing: 4/6/2014
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	ate of filing: 4/6/2014
(Use attachment if necessary) EV: Effective date, if other than the dective date is listed, the date must be if filing.) EVI: Other provisions, if any.	ate of filing: 4/6/2014
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document.
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