

#L14000184381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265742235

12/03/14--01001--011 **125.00

10 AM - 4 PM
SUFFICIENT OFFICE

2014 DEC -2 PM 3:38

RECEIVED
12/03/14 10:00 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -2 PM 3:42

APPROVED
AND
FILED

K. SALLY
EXAMINER

DEC -1 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SS 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:

Shain A. Shappard
Name of Person

Firm/Company

64 Fawn Ln
Address

Crawfordville Fla 32327
City/State and Zip Code

sshappard8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shain Shappard at (850) 591 7585
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SS Tile Services LLC

(Must end with the words "Limited 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:

64 Fawn Ln
Crawfordville Fla
32327

Mailing Address:

64 Fawn Ln
Crawfordville Fla
32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Shain A. Shoppard
Name
64 Fawn Ln
Florida street address (P.O. Box **NOT** acceptable)
Crawfordville FL 32327
City Zip

APPROVED
AND
FILED
14 DEC -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

SEC

Shain A. Shappard
64 Fawn Ln
Crawfordville Fla 32327
Tracy Lines
64 Fawn Ln
Crawfordville Fla 32327

14 DEC - 2 PM 3:42
TALLAHASSEE
STATE OF FLORIDA
DEPARTMENT OF STATE

APPROVED
AND
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Shain A. Shappard

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

(In accordance with section 605.0203 (1) (b), 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.)

Shain A. Shappard

Typed or printed name of signee

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)