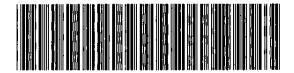
#14000184381

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500265742235

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

TO AGRADIZE DOS SUFFICIENCY OF FILING 2014 DEC -2 FM 3: 35

14 DEC -2 FM 3: 42

EXAMINER
DEC -1 2014

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	SS Tile Services LLC
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
	n all correspondence concerning this matter to the following:
	Shain A. Shappard
	Namé of Person
•	Firm/Company
	64 Fawn Ln Co
	Crawfordville Fla 32327 City/State and Zip Code SShappard 8 @ gmail. (Om E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	5 Mappard 8 9 gmail. (Om E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Sha	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Exclosed is	a check for the following amount:
\$125.00 Fil	ling Fee Signature of Status Status Status Signature Status Signature Status Signature

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	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
64 Fara La	64 Foun La
Crawlandeille. Fla	Craw food ville Fla
32357	32527
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered Name GH Faun Low Florida street address (P.O. Both Company wille)	n Registered Agent. You must designate an individual or on.) d agent are:
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOK - Ivialiagei	
400	To F
MGR	Shain A Shagas of E
SEC	64 Fam to (3) 3 27 000
CCI	transfer of the Flan St. 21
166	15acy Lines
	Constructiville Fla 32327
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing:
EV: Effective date, if other than the fective date is listed, the date must b of filing.)	date of filing:
EV: Effective date, if other than the fective date is listed, the date must be of filing.)	date of filing:
EV: Effective date, if other than the fective date is listed, the date must be of filing.)  EVI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the fective date is listed, the date must b	date of filing:
EV: Effective date, if other than the fective date is listed, the date must b of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing:
EV: Effective date, if other than the fective date is listed, the date must b of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the fective date is listed, the date must b of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the section of the	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
EV: Effective date, if other than the fective date is listed, the date must b of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the section of the	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the fective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the section constitutes are affirmation.)	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
EV: Effective date, if other than the fective date is listed, the date must be of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false in constitutes a third degree for the section constitutes at the section constitute	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2