## L14000195578

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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TALL AHASSEE. FLORIO.

DEC 2 9 2014 T. HAMPTON

## COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: Bishop	Tile		
	Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) at	re submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
Todd Bi	shop		
		Name of Person	
Bishop	Tile		
		Firm/Company	
1481 C	ountry Hills Dr		
		Address	
Cantonr	nent, FL 32533		
	C	City/State and Zip Code	
tmibishop@gn	nail.com E-mail address: (to be use	d for future annual report notifies	ation)
For further informati	on concerning this matter, ple	ase call:	
Todd Bishop	at ( i	850	
	ame of Person	*	lephone Number
Enclosed is a check	for the following amount:		
☑ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration Section	Street/Courier Add Registration Section	ress

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Bishop Tile LLC	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words) Limited i	Liability Company. E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1481 Country Hills Dr Cantonment, FL 32533	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent, You must designate an individual or
The name and the Florida street address of the registered	agent are:
Todd Bishop	
Name	
1481 Country Hills Dr	
Florida street address (P.O. Box	NOT acceptable)
Cantonment	FL 32533
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
Tuldo	
Registered Agent Signat	ture (REQUIRED)
0.4.1994444	70 -

(CONTINUED)

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itle:	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager MGR	Todd Bishop
	Todd Bishop 1481 Country Hills Dr
	Pensacola, FL 32533
Use attachment if necessary)  EV: Effective date, if other than the date of	filing: (OPTIONAL)
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  EVI: Other provisions, if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or
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EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0)	ner or an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date of ctive date is listed, the date must be speciffiling.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the	ner or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information.)	ner or an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) TILEU

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