L150000 67527

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APR 17 2015 J. HARRIS

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:E	E.R. TILE LI		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	•
Please return all corre	spondence concerning this ma	atter to the following:	
	C. RYAN FE	EICKERT	
		Name of Person	
		Firm/Company	
	4409 WESTA	nivoter Ro	
	· · · · ·	Address	
· 	SEBRING,	FL 33875 City/State and Zip Code +09@9Mq.1.6 d for future annual report notification	
	, C	City/State and Zip Code	•
	Franteicker	toge gma. 1. C	- DM
For further informatio	n concerning this matter, plea		,
L. RYAN F.	EICKERT at (863 873-96 Area Code Daytime Te	27
Nan	ne of Person	Area Code Daytime Te.	lephone Number
Enclosed is a check fo	or 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)
<u>M</u> a	iling Address	Street/Courier Add	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2015

C. RYAN FEICKERT 4409 WESTMINSTER RD SEBRING, FL 33875

SUBJECT: E.R. TILE LLC Ref. Number: W15000023439 SECRETARY OF STATE

2015 APR 15 PM 4:33

We have received your document for E.R. TILE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L14000057519.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 415A00006731

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF ORGA	NEATION FOR EL	ORDALIWHTED LADIETT	COMPANI
ARTICLE I - Name: The name of the Limited Liability Comp	any is:		
E.R. TILE (Must end with the	Of Sebr words "Limited L	ing Limited Li Liability Company, "L.L.C.,"	ability Company
ARTICLE II - Address: The mailing address and street address o	f the principal off	ice of the Limited Liability (Company is:
Principal Office Address: 4409 Westminster Sebring, FL 33875	Po	Mailing Address: 4409 Westmin Sebring, FL	ster fo
30011119, 12 33 3.3			
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl	serve as its own R	egistered Agent. You must o	
The name and the Florida street address	of the registered a	gent are:	
Ryan	J FEICKE	RT	
	Name		-
4409 WE	Name 25 tmins	ter Ro	
	ldress (P.O. Box 1		
			-
	City	FL 33875	-
Having been named as registered agent the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with a Register	e, I hereby accept t h the provisions of nd accept the oblig	the appointment as registered all statutes relating to the pregations of my position as region 605, F.S.	d agent and agree to act in this coper and complete performance
	(CONTINUE	D)	2015 SEC TALL
	Page 1 of 2		2015 APR 15 PM 4: 33 SECRETARY OF STATE TALLAHASSEE, FLORID,
			\sim ω

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MCR	FYAN FEICKERT
MGR AMBR	Schning, FL 33875
AMBK	4409 Westminster PD sebring, FL 33876
Use attachment if necessary)	
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must be filling.) EVI: Other provisions, if any.	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree-	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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