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Office Use Only

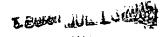


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W15-42268

FILE FOR STATE ALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Thompson Tile & MARBIE WORK
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:
Dirk DAVIO Thompson
Thompson- Tile & MARRIE WORKS
3316 S. EAST AVE Sangsota F1,34
Sarasota F1 34239
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DIAL D Thompson at 941 565-0696  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,

Certificate of Status

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

# Mailing Address

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

But the second of the second of the second of

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



June 18, 2015

DIRK DAVID THOMPSON 3316 S EAST AVE SARASOTA, FL 34239

SUBJECT: THOMPSON TILE & MARBLE WORKS LLC

Ref. Number: W15000042268

We have received your document for THOMPSON TILE & MARBLE WORKS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6052.

Letter Number: 615A00012834

Tim Burch Regulatory Specialist II

www.sunbiz.org

Division of Compositions DO DOV 6997 Tellaharma Florida 9991

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	CLEI	- Name:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company,

Mailing Address:

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

SAROS	Si East Aul _	3ame		
	Agent, Registered Office, & Registered Agent, registered as its own Registered Agent.			
another business entity with a	ın active Florida registration.)	Tou must designate an mutvidual of		
•	et address of the registered agent are:	MARIE WAR E	D€	
k Davio	Name	11-		instan
nompson	3346 S. EOST Florida street address (P.O. Box NOT a	acceptable)	***	Ctorner Ctorner
7	Salasota FI	<u>34239</u>	유 <b>구</b> 오	Emecari E g
laving been named as registers	City State  ed agent and to accept service of process for th	Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	ny at the	Crack.

Having be place desig 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

128

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  DIRK DADIO THORSE-
	DIRK DADIO THOROSTA 3316 S. EOST ADR
	SCRASOTON FI 34239
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<del></del>	
(Use attachment if necessary)	
date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed
TICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE

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.)

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)