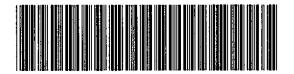
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

15 OCT -5 PM 3:1

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# **COVER LETTER**

	Registration Section Division of Corporations	
SUBJECT	Karl's Custom Tile & Trim Work	LLC
SOBJEC		Limited Liability Company
The enclo	sed Articles of Organization and fee(s	s) are submitted for filing.
Please retu	urn all correspondence concerning this	s matter to the following:
	Karoly Herceg	•
		Name of Person
	n.a.	
		Firm/Company
	723 SE 11st	
		Address
	Ocala / Florida / 34471	
	ocalatiler@gmail.com	City/State and Zip Code
	E-mail address: (to be u	used for future annual report notification)
For further	information concerning this matter, pl	lease call:
	Karoly Herceg	352 8754816 ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing 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:

AND FILED 15 OCT -5 PM 3: 45 SECRETARY OF STATE

Karl's Custom Tile & Trim Work 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:

<u>Princi</u>	pal Office Address:		Mailing Address:
723 se 11th st OCA	LA/FL/34471	<u>.</u>	723 se 11th st OCALA/FL/34471
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar The name and the Florida stree	y cannot serve as its owr active Florida registration	n Registered Agon.)	Agent's Signature: gent. You must designate an individual or
		Name	
	723 SE 11th st		
	Florida street addres	ss (P.O. Box No	OT acceptable)
	OCALA	FL	34471
	City	State	Zip

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..

Registered Agent's Signature (REQU

Page 1 of 2

(CONTINUED)

Title:  "AMBR" = Authorized Member	to manage and control the Limited Liability Company:  15 OCT -5 PM 3: 4
"MGR" = Manager MGR	Karoly Herceg 723 SE 11th st OCALA/FL/34471 HASSEE, FLORIDA
(If an effective date is listed, the date must be specific and the date of filing.)  Note: If the date inserted in this block does not meet the a	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and the 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 as

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)