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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D TilE LLC 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:
Danny Oscar Agriar Lopen Name of Person
Firm/Company
5762 Farnsworth Dr
Tallahassee FL 32312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{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

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The name of the Limited Liability Company is:

D Tile <u>U(</u>
(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:

Principal Office Address:	Mailing Address:
5762 Farnsgiorth Dr	5962 Farnsgorth Dr
Tallahassee FL 32312	Tallahassee F1 32012

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

State City

the ring been named as registered again and to accept service of process for the above stated limited liability company at the where designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Afurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I +acclaim that with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	,
"MGR" = Manager	Danny Oscar Agricar Lopez
-N. A.	5762 Farnsworth Dr
	Tallahassee FL 32312
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of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	ot meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does nument's effective date on the Departm. EVI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will no ent of State's records.
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EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any	n member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

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