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16 JUN -2 PH 12: 28
SECRETARY OF STATE
ALLAHASSEF

COVER LETTER

	egistration Section ivision of Corporations	,
SUBJECT	: My Handyma Name of I	and TILE LLC. Limited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	Grey	White Name of Person
	My Hardyman	n and TILE, "LLC" Firm/Company
	23841 milfor	d Or.
	Eusty, M.	32736 City/State and Zip Code
		·
-	E-mail address: (to be us	ed for future annual report notification)
For further in	nformation concerning this matter, plea	·
	(Src. White at (Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125,00 Fi	ling 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

ARTICLESOF	ORGANIZATION FOR FLO	RIDA LIMITED LIABII	LITY COMPANY	<i>()</i>
	(FILED
ARTICLE I - Name:	· · · · · · · · · · · · · · · · · · ·		16 . //	lu – D
The name of the Limited Liability	y Company is: ANOYMAN Aい with the words "Limited Lial		- 0(FILED IN -2 PHI2: 28
	ļ	, , ,	, SECRE	Taby
<u> </u>	ANDYMAN AN	0 TILE L	LC, 'ALLAH	MSSEEF STATE
(Must end v	with the words "Limited Lial	bility Company, "L.L.	C.," or "LLC.")	FLORIDA
ARTICLE II - Address: The mailing address and street ad	Idress of the principal office	of the Limited Liabil	ity Company is:	
Principa	al Office Address:		Mailing Addre	<u>ss</u> :
12641 Mille	12641	03011 no 18-01 A-		
<u> </u>	ord Dr. 1. 32736	1 <u> </u>	11 17 10 P	1 21.
<u>EUSTIS</u>	7. 30736		3 JE1: 150	/30
		 		
(The Limited Liability Company another business entity with an a The name and the Florida street a	address of the registered age	nt are: h; te me	ust designate an indi	viduai or
	Florida street address (P.		ble)	
	C - 1			
	PUSTIS, 1	<u>4. 3</u>	32736	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the ob	I hereby accept the appointn ovisions of all statutes relatir ligations of my position as re	nent as registered ager ng to the proper and co	nt and agree to act in Omplete performance vided for in Chapter (n this capacity. I e of my duties, and I
	(C	ONTINUED)		

Page 1 of 2

ARTICLE IV- The name and a		rson authorized to manage and control the Limit	ed Liability Company ED
Title: "AMBR" = Aut	horized Member	Name and Address:	16 JUN-2 PH 12:
"MGR" = Mana	nger	Greg White	SECRETARY OF ST. FALLAHASSEE FLOR
AMBR		Bustis, F1. 3 Wednesday Wh	12736 11te
11111014		2384) m.14 Eustis, F1:	
		48 Fr. 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	

(Use attachment	t if necessary)		
ate of filing.) : If the date inserted	ted, the date must	the date of filing: 5/31/16 the specific and cannot be more than five busing the statutory filing requirement of State's records.	•
CLE VI: Other prov	•		
	GNATURE:	1. 2. 4	
REQUIRED SI		P(U,V)	
	Signature o	of a/member or an authorized representative	of a member.
	This document is a lam aware that an	of a/member or an authorized representative executed in accordance with section 605.0203 (by false information submitted in a document to degree felony as provided for in s.817.155, F.S.	(1) (b), Florida Statutes. the Department of State
	This document is a lam aware that an	executed in accordance with section 605,0203 (by false information submitted in a document to	(1) (b), Florida Statutes. the Department of State

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)