## 1/600/38534

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
° (Bu	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·

Office Use Only



400287981854

07/18/16--01046--004 \*\*160.00

ALLAHASSEE, TLORIBA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ANTHONY GOODNEN TILE LLC
Name of Limited Liability Company
$\cdot$
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANTHONY D GOODWEN
Name of Person
Firm/Company
1034 CENTER AVE
Address
HOLLY HILL, FL 32117
City/State and Zip Code
ADGIO22@ OUTLOOK. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANTHONY GOODWIN at 386 262-2965
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section  Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOFORG	ANIZATION FOR F	LORIDA LIMITEI	LIABILITY COMPANY	, *=
				The same of the sa
RTICLE I - Name:				THE FOR SHAPE
he name of the Limited Liability Con	npany is:			16 JUL 18 PM 12: 0
ANTHONY C	OODWIN TI	LE LLC	y, "L.L.C.," or "LLC.")	TSHE THE SELL PLONE
(Must end with the	ne words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	as a second on
RTICLE II - Address: The mailing address and street address	of the principal of	fice of the Limited	l Liability Company is:	
Principal Off	ice Address:		Mailing Ad	dress:
1034 CENTER AVE		,	034 CENTER AVE	
HOLLY HILL, FL			folly HFLL, FL	
32117			32117	
K	INTHONY D.	GOODWIN	<u> </u>	
		Name		
_/(	36 CENTER	AUE		
Flo	orida street address	(P.O. Box <b>NOT</b>	acceptable)	
Н	OLLY HTLL City	FL	32117	
	City	State	Zip	
tving been named as registered agent of the designated in this certificate, I here ther agree to comply with the provision I familiar with and accept the obligation	by accept the appo ns of all statutes rei	intment as registed ating to the prope	ed agent and agree to ac r and complete performa	et in this capacity. I nce of my duties, and I
2	2 though	red Agent's Signa	ture (REOUIRED)	-

(CONTINUED)

Page 1 of 2

<b>Title:</b> "AMBR" = A "MGR" = Ma	uthorized Member nager 	Name and Address:
AMBI	)	
וטייירו		ANTHONY GOODWIN  1036 CENTER ANE
		HOLLY HILL, AL 32117
` EV: Effective	ent if necessary) e date, if other than the date o	f filing: (OPTIONAL)
EV: Effective extive date is I filling.) the date insertent's effective	e date, if other than the date o isted, the date must be spec	eific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b
E V: Effective extive date is I filing.) the date insert ment's effective E VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not meave date on the Department of rovisions, if any.	eific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not be state's records.
E V: Effective extive date is larger filing.) the date insertment's effective E VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me we date on the Department of rovisions, if any.  SIGNATURE:	eific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not be state's records.
E V: Effective ctive date is I filing.) the date insert nent's effective VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me we date on the Department of rovisions, if any.  SIGNATURE:  Signature of a ment of this document is executed I am aware that any false is	eific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not be state's records.
E V: Effective ctive date is I filing.) the date insert nent's effective VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me to date on the Department of rovisions, if any.  SIGNATURE:  Signature of a ment of the document is executed I am aware that any false is constitutes a third degree for isted.	the and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not be state s records.  The or an authorized representative of a member of a me
E V: Effective extive date is I filing.) the date insert ment's effective E VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me to date on the Department of rovisions, if any.  SIGNATURE:  Signature of a ment of the document is executed I am aware that any false is constitutes a third degree for isted.	eific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not be state's records.  The property of a member of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes of a member of State of Sta