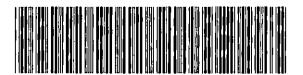
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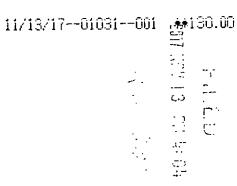
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
PICK-UP WAIT MAIL  (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED RETURNED CHECK





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#### COVER LETTER

TO:

**New Filing Section** 

P.O. Box 6327

Tallahassee, FL 32314

## FILING CANCELLED RETURNED CHECK

Division of Corporations
SUBJECT: TILE MASTER OF P.C. FL. L.L.C.  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:
Kellic M. Carter Name of Person
1201 east 6th St.
Panama City FL 32401  City/State and Zip Code  Nendersor 216 Direct Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RePober   Hemberson at (334 ) 378-9238  Name of Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$ Certificate of Status  S155.00 Filing Fee & Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  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 1 - Name:

The name of the Limited Liability Company is:	FILING CANCELLED
(Must contain the words "Limited Liability	C. FI L. C. RETURNED CHECK
ARTICLE II - Address:	Company, E.E.C., or DEC. )
The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1201 East 6th St.	1201 Erst 6th St

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.)

Panama City F1. 32401

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

Name

Name

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

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 (REQUIRED)

(CONTINUED)

FILING CANCELLED

## FILING CANCELLED RETURNED CHECK

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Kellie m. Carter	
	1201 East 6th St. PANGING CHY FI 32401	
MGR	Robert Hendersen	
<b>V</b>	PANOMY CITY Fl. 32401	
<del></del>		
(Use attachment if necessary)		
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