Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Co	pporations	CRE AH	HAY	1			
_	Fax Number	: (850)617-6381	TARY ASSE	2	7			
From:	Account Name Account Number Phone	: LAZARUS CORPORATE FILING SERVICE, INC. : I20000000019 : (305)552-5973	OF STATE, FLORI	A# 69:				
	Fax Number	: (305)675-5944	ã€	£				

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. JR COPING AND TILE LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION	_		
FOR	<b>#</b>		
FLORIDA LIMITED LIABILITY COMPANY	SEC	7018 HAY	
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ARTICLE I - Name:	SS	マ. <b>ツ</b>	1
The name of the Limited Liability Company is: (Must end with the words "Limited Liability of "LLC." or "LLC.")	. 16.3	_	1
- JB Coping and tile LLC	- <b>6</b> 0	<b>?</b>	(
ARTICLE II - Address:	5m	ָ א	
The mailing address and street address of the principal office of the Limited Lie Company is:	ability	·	
200 East 85t	_		
Hia Leah, FL 33010			
	•		
The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another busin with an active Florida registration.)  JOSE Enrique Moya Tagle  200 East 85t	iess entity -	,	
Higlegh FL 33016			
ARTICLE IV- The name and title of each person authorized to manage and control the Limite Liability Company:	M B!		
	-		
	<del>-</del>		

## Required Signatures:

Signature of a member

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 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 providing in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

RY OF STATE

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