L19000223529

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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09/13/19--01002--002 **155.00

COVER LETTER

	rw Filing Section ivision of Corporations	•
SUBJECT	Tallahassee Tub and Tile, LLC	
SOBJECT		of Limited Liability Company
The enclose	ed Articles of Organization and fee	e(s) are submitted for filing.
Please retur	rn all correspondence concerning th	this matter to the following:
	Andrew Dorsch	
		Name of Person
		Firm/Company
	3552 oak hill trail	
		Address
	tallahassee florida 32312	
:	andrew.dorsch@rocketmail.com	City/State and Zip Code
<u>-</u>	·	e used for future annual report notification)
For further in	ntornation concerning this matter, [please call;
	andrew dorsch	850 5709707
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	:
\$125.00 Fi	_	e & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y Company is:				
T1 11(1)				
	Liability Company, "L	L.C" or "LLC.")		
		,		
ldress of the principal o	ffice of the Limited Li	iability Company is:		
Principal Office Address:			dress:	
	3552 C	Dak hill trail		
3552 oak hill trail Tallahassee, Fl. 32312			Tallahassee, FL 32312	
			 	
cannot serve as its own	Registered Agent. Yo		individual or	
iddress of the registered	agent are:			
Andrew Dorsch				
	Name			
3552 Oak Hill Trail				
Florida street address	s (P.O. Box <u>NOT</u> acc	eptable)		
Tallahassee,	Florida	32312		
City	State	Zip		
I hereby accept the App ovisions of all statues ra ligations of my position	pinfment as refistered ruting to the proper as as registered agent as	agent and agree to a nd complete perform provided for in Chop	ct in this capacity. I ince of my duties, and I	
	nt, Registered Office, cannot serve as its own etive Florida registration address of the registered Andrew Dorsch 3552 Oak Hill Trail Florida street address Tallahassee, City I hereby accept the oppositions of all statites religations of my position	In the words "Limited Liability Company, "Editors of the principal office of the Limited Liability Company, "Editors of the principal office of the Limited Liability Company, "Editors of the principal office of the Limited Liability Company, "Editors of Tallaha." Andrew Dorsen	In the words "Limited Liability Company, "L.L.C.," or "LLC.") Iddress of the principal office of the Limited Liability Company is: Id Office Address: Mailing Ad 3552 Oak hill trail Tallahassee, FL 32312 Int, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an etive Florida registration.) Iddress of the registered agent are: Andrew Dorsch Name 3552 Oak Hill Trail Florida street address (P.O. Box NOT acceptable) Tallahassee, Florida 32312	

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Andrew Dorsch 3552 Oak Hill Trail Tallahassee, FL 32312
 	
(Use attachment if necessary)	
If an effective date is listed, the date must be sphe date of filing.)	e of filing: 9/13/2019 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
	1/0
REOUIRED SIGNATURE: Signature of a tr This document is execu	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	see information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.
andrew dorsch	Typed or printed name of signee
	Filing Fame

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)