# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone

: (305)803-2736

Fax Number

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

	Enail	Address:
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KING STONE TILE, LLC.

### FLORIDA LIMITED LIABILITY CO.

#### KING STONE, LLC.

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September 29, 2020

#### FLORIDA DEPARTMENT OF STATE

BUSINESS WORLD TRANSACTIONS, INC Division of Corporations

SUBJECT: KING STONE, LLC

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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James Harris
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000337635 Letter Number: 820A00018769

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	KING ST	ONE TILE, LLC	<b>C</b> .
(Must con	ntain the words "Limited		
ARTICLE II - Address:			
The mailing address and street	address of the principal	office of the Limite	d Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1428 N.W. 25 AVE	NUE	142	8 N.W. 25 AVE.
MIAMI, FL. 33125  ARTICLE III - Registered Ag (The Limited Liability Compan	gent, Registered Office y cannot serve as its own	, & Registered Agent	AMI, FL. 33125 ent's Signature: You must designate an individual o
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office y cannot serve as its own active Florida registrati	, & Registered Agent on.)	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office y cannot serve as its own active Florida registrati	, & Registered Agent n Registered Agent on.)	ent's Signature:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office y cannot serve as its own active Florida registrati t address of the registere	, & Registered Agent n Registered Agent on.)	ent's Signature:
ARTICLE III - Registered Ag	gent, Registered Office y cannot serve as its own active Florida registrati t address of the registere	, & Registered Agent in Registered Agent on.) ad agent are: HEZ Name	ent's Signature:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office by cannot serve as its own active Florida registrati t address of the registere ROMARIO SANCE	, & Registered Agent in Registered Agent on.) ad agent are: IEZ Name	rat's Signature: You must designate an individual o
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office by cannot serve as its own active Florida registrati t address of the registere ROMARIO SANCE	, & Registered Agent in Registered Agent on.) ad agent are: IEZ Name	rat's Signature: You must designate an individual o

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 und accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ROMARIO SANCHEZ 1428 N.W. 25 AVENUE MIAMI, FL. 33125
	20 IAL
	- All SS
	5: <b>27</b> ORID
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be site of filing.)  If the date inserted in this block does no occurrent's effective date on the Department.	ate of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days  at meet the applicable statutory filing requirements, this date will not be list  nt of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be site of filing.)  If the date inserted in this block does no occument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be fi
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CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does no occument's effective date on the Department of the CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a to this document is exect I am aware that any fall.	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be fi

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