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	(Address)
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Certified Copies	Certificates of Status
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Special Instructions to	o Filing Officer.
	Office Use Only



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# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Ben Gra)	ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Benjam	in O Gray Name of Person
	Firm/Company
1403 Spr	Address Hwy
Crawfordy	Address  Address  City/State and Zip Code  Com  Com  Com  Com  Com  Com  Com  Co
Grabb 75 E-mail address: (to	City/State and Zip Code  O G mail, Com  be used for future annual report notification)
For further information concerning this matter	·
Ban Gray Name of Person	at (850) 510 - 0599  Area Code Daytime Telephone Number
Enclosed is a check for the following amou	nt;
□\$125.00 Filing Fee □\$130.00 Filin Certificate of St	
Mailing Address  New Filing Section  Division of Corporations	
P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Ben Gray's Tile LLC." or "LLC.")

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1403 Spring Creek HUY	1403 Spring Creek Hay
	n n
Crawfordville F/ 32.321	Crantarduille Pl 31301

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.)

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

Ber Gray
Name

1403 Soring Creek Hwy

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

Cravfordyills F/ 32.32.7

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)

# 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	
MER	Ben Grav
<u> </u>	1403 spring Creek Huy
	cravitatille Fl 3232.4
<del>_</del>	<del> </del>
AMBR	Kolly Gray 1403 Spring Creek HUY Crawfordfulle Fl 32367
(Use attachment if necessary)	
(Ose attachment it necessary)	
late of filing.)	be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be list to a first of State's reports.
ICLE VI: Other provisions, if any.	then of state's records.
REQUIRED SIGNATURE:	
1	9/ 1/
<u> Ben</u>	Hary -
	f a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that an	y false information submitted in a document to the Department of State
	degree felony as provided for in s.817.155, F.S.
Ben	Typed or printed name of signee
	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	nal)
\$ 5.00 Certificate of Status (C	Optional)