## L23000435197

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

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

Tylers Tile Services 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:		
ald w. Jefferson st	2121 W. Defferson st		
QuINCY, FL. 32351	Quincy , FL 32351		
	<del></del>		

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:

Steven Warren

Name

Alal W. Defferson St

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

Quincy FL 32351

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)

DILC	C'I	L.	IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR	Steven Warren Burry Fr 12351	<del>-</del> 
		— 
(Use attachment if necessary)		<del>-</del>
If an effective date is listed, the date must he date of filing.)	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not ment of State's records.	·
REQUIRED SIGNATURE:	1 D	
This document is of an aware that an	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
Ste	Typed or printed name of signee  Filing Fees:	2023
\$125.00 Filing Fee for Articles (\$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (C)	of Organization and Designation of Registered Agent nal)	. )