

103000010625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

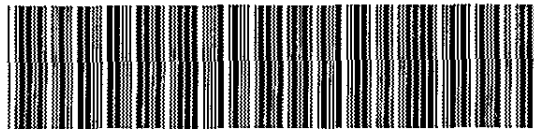
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**RECEIVED**  
03 MAR 25 AM 10:56  
STATE DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
03 MAR 25 PM 1:16  
TALLAHASSEE, FLORIDA

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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

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03 MAR 25 PM 1:16  
TALLAHASSEE, FLORIDA

**FILED**

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- 1. STONECREEK, LLC  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY  
OF**

**STONECREEK, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is: **STONECREEK, LLC**

ARTICLE II - Address

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

**2600 N.W. 87 AVENUE  
SUITE #32  
MIAMI, FL 33172**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

**PERPETUAL**

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

**FERNAN JARAMILLO  
2600 N.W. 87 AVENUE  
SUITE #32  
MIAMI, FLORIDA 33172**

The undersigned member or authorized representative of a member of **STONECREEK, LLC, deposes and says:**

- 1) the above named limited liability company has at least one member.

By:   
\_\_\_\_\_  
FERNAN JARAMILLO

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **STONECREEK, LLC.**
2. The name and address of the registered agent and office is:

FERNAN JARAMILLO  
2600 N.W. 87 AVENUE  
SUITE #32  
MIAMI, FL 33172

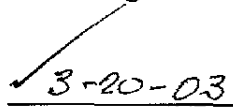
STATE OF FLORIDA  
TALLAHASSEE

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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.

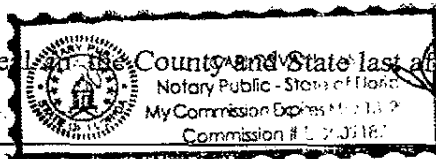
  
\_\_\_\_\_  
FERNAN JARAMILLO (Signature)

  
\_\_\_\_\_  
Date

STATE OF FLORIDA        }  
                                  } ss  
COUNTY OF                }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared FERNAN JARAMILLO of STONECREEK, LLC, who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal of the County and State last aforesaid  
this \_\_\_\_\_ day of \_\_\_\_\_, 2001.



NOTARY PUBLIC  
03/20/03

(Seal)

Printed Name of Notary