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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAR 1 9 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CONTEMPORARY STONE WORK, LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

RENAN MESQUI	TA							
,	(Contact Person)							
LARSON ACCOUNTING	AND CONSULTING	SVS LLC						
	(Firm/Company)	***************************************						
8615 COMMODI	TY CIRCLE STE	06						
	(Address)		_					
ORLANDO, FL 32	2819							
(Ci	ty, State and Zip Code)		_					
finances@larsona	acc.com							
E-mail Address: (to be	used for future annual re	port notifications)	_				2014	
For further information	n concerning this ma	tter, please call:						
RENAN MESQUI	TA	at (407	,370	3686 EXT.	106	15 S	R 18	Person
(Name of Contact	Person)	(Area Code	(Dayı	ime Telephone	Number)		PH	
Enclosed is a check for	r the following amou	int:				27. 1.03.14	$\ddot{\omega}$	
(\$25 for Conversion	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		□\$185.00 Fili Certified Copy Certificate of S	, and		£	•

STREET ADDRESS:

Registration Section.

Division of Corporations,
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

Signed this 27	7th d	ay of <u>FEBRUARY</u>		20 <u>14 </u>		
				d Liability Compan	<u> </u>	
Signature of A	Authorized PAOLA E V	Representative:	feve	Title: MANAGER		
				ee below for required	signature(s).	
Signature:	Pev.U	may		Title: DV		
Printed Name	PAULA E V	ILLAMARIN		Title: OV		
Signature: Printed Name			· · · · · · · · · · · · · · · · · · ·	Title:		
Signature: Printed Name	*			Title:		
Signature: Printed Name	**			Title:		
Signature: Printed Name	3.*			Title:		
Signature: Printed Name	a			Title:		
If Florida Co Signature of O If Directors o	Chairman, '	i Vice Chairman, Dire ave not been selecte	ector, or O	fficer. progrator must sign.		
If Florida Go		tnership or Limited l Partner.	l Liability	Partnership:		
If Florida Li Signatures of			l Liability	Limited Partnershi	<u>):</u>	
All others: Signature of	an authoriz	ed person.				
Fees:						金 海
Fees Certi	cles of Con for Florida ified Copy: ificate of S	Articles of Organi	zation:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		SEC FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
CONTEMPORARY STONE WORK, LLC	Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words 'Limited	Liability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
2647 17th ST		
SARASOTA, FL 34234 US		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of LARSON ACCOUNTING		vidual or another
	Vaine	int na
9645 COMMODITY OLD	DIE STE OG	ZIII AAR
8615 COMMODITY CIRC	(P.O. Box NOT acceptable)	
. Tottan sweet dadzesi	(1.6. Box <u>1.6.1</u> 1666)	\$ 8
ORLANDO	FL32819	<u> </u>
City	Zip	OF SI
······································	ted in this certificate, I hereby accept apacity. I further agree to comply we lete performance of my duties, and it is registered agent as provided for its towns.	the above stated limited of the appointment as with the provisions of all I am familiar with and
Registered Agent's	Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	411/1990
AMBR	ALVES, JUNIO C
	2647 17th ST SARASOTA, FL 34234
	9/1/7/00 17, 1 t 04204
MGR	VILLAMARIN, PAOLA E.
	2643 17th ST
	SARASOTA, FL 34234
	1877-1884-1884-1884-1884-1884-1884-1884-
•	
effective date is listed, the date must b	date of filing:, (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) CLE VI: Other provisions, if any. WFUL BUSINESS	date of filing:
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CLE VI: Other provisions, if any. WFUL BUSINESS REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (I institutes an affirmation under the penalum aware that any false information sub	Felicianasis or an authorized representative of a member: (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are frue. In the comment of the document of th
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ARTICLE IV-