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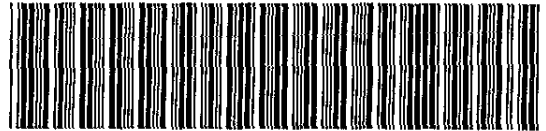
CORRECT Article III

DATE 7-18-03

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Stone Healers L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy A. Thompson & Keis J. Patterson  
(Name of Person)

The Stone Healers L.L.C.  
(Firm/Company)

P.O. Box 4182  
(Address)

Ft. Walton Beach, Fl. 32548  
(City/State and Zip Code)

For further information concerning this matter, please call:

Keis J. Patterson at (678) 838-6311  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: The Stone Healers L.L.C.

## ARTICLE II - Address:

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

### Principal Office Address:

108A Skinner Cir  
Ft. Walton Beach, FL 32547

### Mailing Address:

P.O. Box 4182  
Ft. Walton Beach, FL 32548

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jeremy A. Thompson  
Name

108A Skinner Circle  
Florida street address (P.O. Box **NOT** acceptable)

Ft. Walton Beach FL 32547  
City, State, and Zip

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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 as provided for in Chapter 608, F.S..*

Jeremy A. Thompson  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jeremy A. Thompson  
870 Dunwoody  
Ft. Walton Beach, FL 32547

MGR

Keis J. Patterson  
108A Skinner Cir  
Ft. Walton Beach, FL 32547

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested

**REQUIRED SIGNATURE:**

Keis J. Patterson & Jeremy A. Thompson  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Keis J. Patterson & Jeremy A. Thompson  
Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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