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| λ | |
|---|------|
| (Requestor's Name) | _ |
| (Address) | **** |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 1 |
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Office Use Only

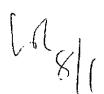


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UNISION OF CORPORATIONS

03 JUL 28 PM 12: 05



TRANSMITTAL LETTER

Registration Section

TO:

| Division of Corporations | |
|---|---|
| SUBJECT: Stone Surface Solution | ns, LLC |
| | f Limited Liability Company) |
| . The enclosed Articles of Organization at | nd fee(s) are submitted for filing. |
| Please return all correspondence concern | ning this matter to the following: |
| Fidel Aguiar | |
| (Name of Person) | |
| | |
| (Firm/Company) | |
| 3710 5th Avenue SW | |
| (Address) | |
| Naples, Florida 34117 | |
| (City/State and Zip C | ode) |
| For further information concerning this | matter, please call: |
| Fidel Aguiar | at (239) 304-2672 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations 409 E. Gaines Street | Division of Corporations P.O. Box 6327 |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| The name of the Limited Liability Company is. | Stone Surface Solutions, LLC |
| ARTICLE II - Address: | . 4 |
| The mailing address and street address of the princi | pal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3710 5th Avenue SW | 3710 5th Avenue SW |
| Naples, Florida 34117 | Naples, Florida 34117 |
| | · · · · · · · · · · · · · · · · · · · |
| ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis Fidel Aguiar | stered agent are: |
| Name | DX NOT acceptable) |
| 3710 5th Avenue SW | 2: 2: 0 |
| Florida street address (P.O. Bo | ox NOT acceptable) |
| Naples, _{FI} | L 34117 |
| City, State, and 2 | Zip |
| Having been named as registered agent and to accelliability company at the place designated in this cert registered agent and agree to act in this capacity. I statutes relating to the proper and complete performaccept the obligations of my position as registered a | tificate, I hereby accept the appointment as further agree to comply with the provisions of all nance of my duties, and I am familiar with and |

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing | Name and Address: |
|---|---|
| MGRM | Fidel Aguiar |
| | 3710 5th Avenue SW |
| | Naples, Florida 34107 |
| • | reapies, Fisher 64 (6) |
| | Fidel Aguiar |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if nec | |
| NOTE: An additiona | article must be added if an effective date is requested. |
| REQUIRED SIGNAT | URE: |
| | Fidel Clyrian |
| Sign | ature of a member or an authorized representative of a member. |
| of t | ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.) |
| F | del Aguiar |
| _ | Typed or printed name of signee |
| | 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)