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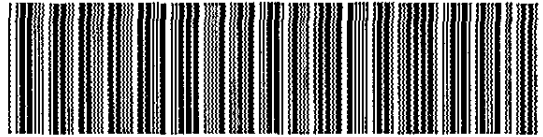
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**HOWARD LEVINE, ESQ.**  
**Law Offices of Howard Levine**  
**900 16th Street, #208**  
**Miami Beach, Florida 33139**

TEL: (305) 532-5598 FAX: (305) 672-4127  
E-mail: HLevineEsq@aol.com

September 22, 2003

Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: Custom Natural Stone, L.L.C.**

Gentlemen:

Enclosed is an original and one copy of the Articles of Organization and Designation of Registered Agent for the new filing of the above-captioned Florida limited liability company. Also enclosed is the client's check payable to Florida Department of State in the amount of \$160.00 to cover the cost of the following:

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	25.00
Certificate of Status	5.00
Certified Copy	<u>30.00</u>
	<u>160.00</u>

Please return the letter of acknowledgment to the incorporator:

Rishi Kawai  
12381 SW 189<sup>th</sup> Street  
Miami, Florida 33177  
Telephone: (305) 218-0914

Sincerely yours,



Howard Levine, Esq.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
CUSTOM NATURAL STONE, 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:

10862 SW 188th Street  
Miami, Florida 33157

#### Mailing Address:


10862 SW 188th Street  
Miami, Florida 33157

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

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

MILTON WILLIAMS  
Name  
10862 SW 188<sup>TH</sup> STREET  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI FL 33157  
City, State, and 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 608, F.S.*

  
Registered Agent's Signature

(CONTINUED)

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

"MGRM" = Managing Member

**Miami, Florida 33177**

MGR

PEMBROKE PINES FL 33024

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

NAME: Matt Hill

(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.)

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**