

JAN-05-2004 13:37

P.01

LO4 000000653

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000001701 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -5 PM 5:20

FILED

LIMITED LIABILITY COMPANY

Fine Stone USA, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
04 JAN -5 PM 3:40
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

LO4-653
[Signature]



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 31, 2003

BUSINESS FILINGS

SUBJECT: FINE STONE USA, L.L.C.
REF: W03000039936

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumblay
Document Specialist

FAX Aud. #: H03000344848
Letter Number: 803A00069491

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -5 PM 5:20

FILED

FAX AUDIT # 4040000017013

**ARTICLES OF ORGANIZATION
OF
Fine Stone USA, L.L.C.**

ARTICLE I NAME

The name of the limited liability company shall be: **Fine Stone USA, L.L.C.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3428 Lithia Pinecrest Rd., Valrico, Florida 33594.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: David John Kocina, 4425 Merrick Run Ln., Suite 101, Valrico, Florida 33594. Located in the County of Hillsborough.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

David John Kocina, 4425 Merrick Run Ln., Suite 101, Valrico, Florida 33594
Claudio Tavares Alves Lyrio, 4425 Merrick Run Ln., Suite 101, Valrico, Florida 33594
Paulo Cezar Martins, 4425 Merrick Run Ln., Suite 101, Valrico, Florida 33594


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

(608) 827-5300

FAX AUDIT # 4040000017013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN - 5 PM 5:20

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Fine Stone USA, L.L.C.**

The name and address of the registered agent and office is: David John Kocina, 4425 Merrick Run Ln., Suite 101, Valrico, Florida 33594. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

David John Kocina

Date: December 23, 2003

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -5 PM 5:20

FILED