

**L040000003412**

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.**

(((H040000085353)))

**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 : A.B.S. OF JACKSONVILLE, INC.  
Account Number : I20010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

**EFFECTIVE DATE**  
**1-13-04**

**LIMITED LIABILITY COMPANY**

Stone Stealing Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

DIVISION OF CORPORATION

04 JAN 13 PM 3:42

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

1/13/2004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY

**ARTICLE I. NAME:**

The name of the Limited Liability Company is: **Stone Sealing Solutions, LLC**

**ARTICLE II. ADDRESS:**

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

12495 Caron Drive  
Jacksonville, FL 32258

**EFFECTIVE DATE**

1-13-04

**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

Deidra K. Norman, MGR.  
12495 Caron Drive  
Jacksonville, FL 32258

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.*

Deidra K. Norman  
Deidra K. Norman/ Registered Agent

1/13/04  
Date

**ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):**

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

**Title:**  
MGR.

**Name and Address:**  
Deidra K. Norman  
12495 Caron Drive  
Jacksonville, FL 32258

APPROVED  
AND  
FILED  
04 JAN 13 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM


Michael A. Musleh  
12495 Caron Drive  
Jacksonville, FL 32258

**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be **January 13, 2004.**

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 13<sup>th</sup> day of January, 2004

  
Deidra K. Norman, Member

  
Michael A. Musleh, Member

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

APPROVED  
AND  
FILED  
04 JAN 13 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA