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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FL LLC

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04 JAN 28 PM 3:33
JAN 28 2004
FBI - TAMPA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stone and Marble Containers, LC
(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:

Jose Trevino
(Name of Person)

(Firm/Company)

207 Landings Blvd.
(Address)

Weston, FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Trevino
(Name of Person)

at

(305) 790 9538
(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stone and Marble Containers, LC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2645 Executive Park Dr.

2645 Executive Park Dr.

Weston, FL 33331

Weston, FL 33331

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

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

Jose Trevino

Name

207 Landings Blvd.

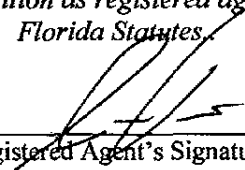
Florida street address (P.O. Box NOT acceptable)

Weston, FLORIDA 33331

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,

Florida Statutes.


Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

Jose Trevino

Weston FL 33327

(Use attachment if necessary)

REQUIRED SIGNATURE:

(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.)

Jose Trevino

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)