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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)		÷	06/
(Document Number)			
Certified Copies Certificates of Status			
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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 6, 2004

ALMIR MUHAMEDAGIC 7901 BAYMEADOWS CR E #405 JACKSONVILLE, FL 32256

SUBJECT: A & A STONE LLC Ref. Number: W04000025667 FILED

2001 AUG -4 P 1: 12

SECRETARY OF STATE
ACCESE. FLORIDA

We have received your document for A & A STONE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Letter Number: 904A00043320

Agnes Lunt Document Specialist

## TRANSMITTAL LETTER

FILED

TO: Registration Section

Division of Corporations

2004 AUG -4 P 1: 12

SUBJECT: A 4 A Stone LLC
(Name of Limited Liability Company)

TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALMIN Muham Edagic

(Name of Person)

A & A Stone

(Firm/Company)

7901 Bagmeadows CRE #405

(Address)

Jacksonnil FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Mula medicaje at (904) 739 - 387/
(Name of Person) (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

# ARTICLÉS OF ORGANIZATION FOR

FILED

SECRETARY OF STATE

	FLORIDA LIMITED LIABILITY COMP	AN
ARTICLE I - Nan	ne:	
The name of the Li	mited Liability Company is:	

A & A Stone LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
7901 Baymeadows CRE.	792/ Baymeadows CRG.
H 405	± 405
Sacusonville IFL 32256	Jacksonville FL 32256

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ScFko Muhamedagić	
Name	_
7901 Bayanesdows CR E.	# 40S
Florida street address (P.O. Box NOT acceptable)	_
JACOCZONOL CA AM FLORIDA	256
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

Page 1 of 2 (CONTINUED)

FILED The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MARN

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

(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.)

ARTICLE IV- Manager(s) or Managing Member(s):

### 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)