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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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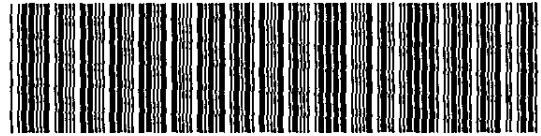
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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A handwritten signature or initials in black ink, consisting of a stylized 'S' and 'B' or similar characters.

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stone Front Creations, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

K. Ingrid Cloninger  
Cloninger & Files Attorneys at Law  
1519 West Broadway  
Oviedo, Florida 32765

For further information concerning this matter, please call:

K. Ingrid Cloninger at (407) 365-5696

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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**ARTICLES OF ORGANIZATION  
OF  
STONE FRONT CREATIONS, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is Stone Front Creations, LLC, ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

1004 Willa Drive  
Oviedo, Florida 32765

Mailing Address:

P.O. Box 621311  
Oviedo, Florida 32762

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ARTICLE III - PURPOSE

The purpose for which Company is organized is to transact any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

ARTICLE IV - DURATION

The period of duration of Company shall commence on the date these Articles of Organization are filed by the Secretary of State and shall continue perpetually unless terminated: (1) in accordance with the regulations of the Company, (2) by the unanimous written agreement of all Members, (3) by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or (4) upon the occurrence of any other event which terminates the continued membership of a Member. However, upon any such termination event, the existence and business of the Company may be continued with the consent of a majority of the remaining Members of the Company or by the amendment of these Articles of Organization providing for the continued existence of the Company.

ARTICLE V - REGISTERED AGENT AND OFFICE

The Company hereby designates the following as the initial registered agent and office to accept service of process within the State of Florida:

MARY LOU BOYLE  
1004 Willa Drive  
Oviedo, Florida 32765

ARTICLE VI - MANAGERS OR MANAGING MEMBERS

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

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

JOHN T. BOYLE  
P.O. Box 621311  
Oviedo, Florida 32762

**REQUIRED SIGNATURE:**



*Signature of a member or an authorized representative of a member.*

(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.)

JOHN T. BOYLE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY **STONE FRONT CREATIONS, LLC**, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **STONE FRONT CREATIONS, LLC**.
2. The name and the Florida street address of the registered agent and office are:

MARY LOU BOYLE  
1004 Willa Drive  
Oviedo, Florida 32765

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.

  
\_\_\_\_\_  
MARY LOU BOYLE  
Registered Agent

1-27-06  
Date

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STATE OF FLORIDA  
COUNTY OF SEMINOLE

**THE FOREGOING INSTRUMENT** was acknowledged before me this 27<sup>th</sup> day of January, 2006, by **MARY LOU BOYLE**, who produced a FL Driver's license as identification.



K. Ingrid Cloninger  
Commission #DD238890  
Expires: Aug 05, 2007  
Bonded Thru  
Atlantic Bonding Co., Inc.

  
\_\_\_\_\_  
NOTARY PUBLIC

K. Ingrid Cloninger  
Printed Name of Notary Public  
My Commission Expires: