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(Re	equestor's Name)	
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06 HAY -4 AH ID: 47

W06-20248

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Stone Scapes	
(Name of I	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:
Matthew A Chilens	skas
	(Name of Person)
StoneScapes	
	(Firm/Company)
4875 Erin Ln	
	(Address)
Melbourne F	L 32940
	(City/State and Zip Code)
For further information concerning this matter, p	lease call:
Matthew A Chilenskus	ar (321) 271 - 8943
(Name of Person)	at (321) 271-8943 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
\$125.00 Filing Fee \$130.00 Filing F Certificate of Status	Fee & Status & Certified Copy (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building



May 15, 2006

MATTHEW A CHILENSKAS 4875 ERIN LN MELBOURNE, FL 32940

SUBJECT: STONESCAPES LLC Ref. Number: W06000022248

We have received your document for STONESCAPES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete filing for your document was not received. Please complete page 2 of the filing and resubmit the complete articles.

Please return the original and one copy of 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) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 306A00034077

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stor	ne Scapes L	L C	62.68	
(Must end with the words	"Limited Liability Company, "I	Limited Company	or their abbreviation "LLC)," or "L.C.,")
ARTICLE II - Ad The mailing addres	dress: s and street address of th	e principal of	fice of the Limited L	iability Company is:
Principal Office A	ddress:	<u>Mailin</u>	g Address:	
4875 Enin	LN		5 Enin LN	
MELBOURNE	32940		32940	
(The Limited Liability Co	egistered Agent, Registompany cannot serve as its own Fictive Florida registration.)			
The name and the F	Florida street address of t	•	—	YEAR 90
	Matthew A	Luiler lame	15Kas	<u> </u>
	4875 ERIN	60	Box NOT acceptable)	MIO: 47
		-		5
	MELBOURNE City, St	FL tate, and Zip	3.7440	
liability compar registered agent d all statutes relati	ed as registered agent and ay at the place designated and agree to act in this connection to the proper and conligations of my position of Registered Agent's S	l in this certific pacity. I furt uplete perform us registered a	cate, I hereby accept her agree to comply v ance of my duties, an agent as provided for	the appointment as with the provisions of ad I am familiar with

(CONTINUED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address: mber
MGR	Matthew A Chilenskas
	4875 Erin Lu Melbourne, FL 32940
MGRM	Michelle T. Chilenskus
	4875 Erin Ly Melbournz, Fl 32940
Horm	RUSSELL DEMENINA
	125 EAST MERNIT I SCAND CAUSENTY
	MENIT ISLAND FL 32952
ior to or 90 days after the date of the da	RE:
	Mrs May 16,2006
Signature	e of a member or an authorized representative of a member.
(In accord of this do that the	lance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
(In accord of this do that the	dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)