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HOF CORPUSATIONS LAHASSEE, FLORIDA
VIASSEE, FLORIDA

EFFECTIVE DATE

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Dean S	Stone Creations,LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Alexander	Dean		
	0	Name of Person)	
Dean Stone	e Creations,LLC		
	((Firm/Company)	
6121Collir	ns Road Lot 239		
		(Address)	
Jacksonvi	lle,Florida 32244		
 	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Alexander Dean		at (904) 505-055	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ore TARAS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Dean Stone Creations,LLC	
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6121 Collins Road Lot 239	6121 Collins Road Lot 239
Jacksonville, Florida 32244	Jacksonville,Florida 32244
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interest and its properties.	tered Agent. You must designate an individual or another
Alexander Dean	
Name	
6121 Collins Road Lot 239	
	dress (P.O. Box NOT acceptable)
Jacksonville	FL 32244
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature (CONTIN	
Page 1 of	2

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er
	Alex Dean MCRM 6/21 Collins Rd: 3224/ Jacksonville Ha #239
	than the date of filing: 06/09/2006
ICLE V: Effective date, if other	than the date of filing: 06/09/2006 (OPTIONAL) must be specific and cannot be more than five business days p
ICLE V: Effective date, if other teffective date is listed, the date	than the date of filing: 06/09/2006 (OPTIONAL) must be specific and cannot be more than five business days p
ICLE V: Effective date, if other to effective date is listed, the date 90 days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: 06/09/2006 (OPTIONAL) must be specific and cannot be more than five business days p
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