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(Requestor's Name)				
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(Cit)	//State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
		DB		
<u> </u>				

Office Use Only

EFFECTIVE DATE 10-10-07



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10/15/07--01031--009 **125.00

10/15/07--01031--010 **30.00

10/15/07--01031--011 **5.00

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SECKETARY > STATE

COVER LETTER

TO:	Registration 5 Division of Co			
SUBJI	ECT:	FIVE STO.	WES DESIGNS ted Liability Company)	ELLC.
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	condence concerning this ma	tter to the following:	
		STER	GIE HALL	
			(Name of Person)	
	E.	IVE STONE	S DESTENS	LLC.
			(Firm/Company)	
	109	10 CEDAR	LANE	
			(Address)	TAG
		PEMBROKE	PENES, FL 3	3026 FG 9 -
		(Ci	ty/State and Zip Code)	AS T
For fur	ther information	concerning this matter, pleas	e cali:	SEE 5
. 0	mid: 1111/11111111111111111111111111111111	concerning and manery promi		-0095 RA C
	STERGI (Name	e of Person)	at (<u>954</u>) <u>826</u> (Area Code & Daytime T	-0095 REA IS
Enclos	ed is a check fo	or the following amount:		
□\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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	Street/Courier Addre Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FIVE STONES DEST	SAS LLC. y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
10910 CEDAR LANE 109. PEMBROKE KENES, PL 33026 PEN	O CEDAR LANE BROKE PENES, PL 33036
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	& Registered Agent's Signature: You must designate an individual or another
The name and the Florida street address of the registered	
STERGIE HAL	ASS
Name 10910 CEDAR LAND Florida street address (P.O. PEMBROKE PINES FL City, State, and Zip	Box NOT acceptable) 33026
Having been named as registered agent and to accept se liability company at the place designated in this certif registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performand accept the obligations of my position as registered ag	icate, I hereby accept the appointment as er agree to comply with the provisions of all ce of my duties, and I am familiar with and
Registered Agent's Signature (REQ	JIRED)

EFFECTIVE DATE 10-07

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
OPERATION MGR	Mr. STERGIE HALL 10910 CEDAR LANE PEMBROKE PINES, FL 33026
ACCOUNTS MGR	Mrs. FELTCIA M. HALL 10910 CEDAR LANE PEMBROKE PINES, PL 33026
MARKETING MGR	Mr. THEATHRIA CONEY 4843 N. 70th STREET MILWAUKEE, WI 53218
(Use attachment if necessary) RTICLE V: Effective date, if other than the fan effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing:
(In accordance with se	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury
that the facts stated	therein are true.) CRATE HALL Veed or printed name of signee

Filing Fees:

a 1 %

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)