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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: Stone	Industries, LLC.			
-	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
David M.	Frisse			
	(	Name of Person)	, , , , , , , , , , , , , , , , , , , ,	<del></del>
Frisse & I	Brewster Law Off	ices		
		(Firm/Company)		<del></del>
307 Wes	t Wood PO Box	430		
		(Address)		
Paris, IL	61944		=	185 J
		/State and Zip Code)		弱星当
For further information	concerning this matter, please	call:		PILED  OR JAN 1 1 PM 12: 19  SEFERETASSE OF STATE FALL AND A STATE
David M. Friss	е	at ( 217) 465-12	34	STA STA
(Name	of Person)	(Area Code & Daytime To	elephone Number)	कुल ७
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 F 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
Stone Industries, LLC. (Must end with the words "Limited Liability Comp	nany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
85173 Sagaponack Drive	Same 59
Fernandina Beach, Fl. 32034	<u></u>
Daniel R. Robus	to
	Name
85173 Sagapor	nack Drive
	a street address (P.O. Box <u>NOT</u> acceptable)
<u>Fernandina</u> Beacl	n FL 32034 City, State, and Zip
Having been named as registered age	nt and to accept service of process for the above stated limited

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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 Member MGR Daniel R. Robusto 85173 Sagaponack Drive Fernandina Beach, FL 32034 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) PANIEL R. ROBUSTO Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)