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SECRETARY OF STATE
AND A SEFF FLORIDA

N. Outliggen || || 1 7 2000

July 11, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please find attached the Articles of Incorporation for Alexa Stone, LLC. I have enclosed a check to represent the required filing fees.

If there are any questions, please feel free to contact me using the information below.

530 E Central Blvd, Suite 1004 Orlando, FL 32801 321-303-0377

Thank you,

Alexa Stone

COVER LETTER

TO: Registration S Division of Co			
_{SUBJECT:} Alexa	a Stone, LLC		
	(Name of Limite	ed Liability Compa	nny)
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	3 ,
Please return all corresp	ondence concerning this matt	er to the following	;
Alexa Stor	ne		
	- · · ·	(Name of Person)	
		(Firm/Company)	
500 F O			
530 E Cei	ntral Blvd, Suite 10	(Address)	
Orlando, I	FL 32801	. (Tradiciss)	
		y/State and Zip Code	3)
For further information	concerning this matter, please	e call:	,
Alexa Stone		_ _{at (} _321	303-0377
(Name	e of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	,	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Alexa Stone, LLC	·	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
530 E Central Blvd, Suite 1004	530 E Central Blvd, Suite 1004	
Orlando, FL 32801	Orlando, FL 32801	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of		
Alexa Stone		
	Name	
530 E Central Bl		OB JUL 16 PH 2: 40 SECRETARY OF STATE TALLAHASSEF FLORIE
	eet address (P.O. Box <u>NOT</u> acceptable)	F 2:
Orlando, FL 3280	01 _{FL}	題も
City, S	State, and Zip	Sw.
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap	d in this certificate, I hereby accept the	appointment as

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)

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er
MGR	Alexa Stone
	530 E Central Blvd, Suite 1004
	Orlando, FL 32801
	
(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other	than the date of filing: 7/11/08 . (OPTIONAL)
CLE V: Effective date, if other	than the date of filing: 7/11/08 . (OPTIONAL) must be specific and cannot be more than five business days pr
CLE V: Effective date, if other effective date is listed, the date	than the date of filing: 7/11/08 . (OPTIONAL) must be specific and cannot be more than five business days pr
CLE V: Effective date, if other effective date is listed, the date	than the date of filing: 7/11/08 . (OPTIONAL) must be specific and cannot be more than five business days pr
CLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: 7/11/08 (OPTIONAL) must be specific and cannot be more than five business days pr
CLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: 7/11/08 (OPTIONAL) must be specific and cannot be more than five business days pr
CLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this docume)	than the date of filing: 7/11/08 (OPTIONAL) must be specific and cannot be more than five business days pr

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)