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# **COVER LETTER**

TO:	Registration Division of C						
SUBJI	ECT:	C & C STO	ONE D	ISTR	IBUTOR	R LL	.C
		Name of Limit	ed Liabili	ty Com	pany		
The en	iclosed Articles o	of Organization and fee(s) are	submitted	for fili	ng.		
Please	return all corres	pondence concerning this mat	ter to the	followii	ng:		
		C)	NTHIA		RA		
			Name of	Person			
		C & C STO			UTOR LL	<u> </u>	
			Firm/Cor	npany			
	3131 NW 79 AVE, SUITE# 2						
			Addro	ess			
			AMI, FL				
		Ci	ry/State and	ł Zip Co	de		
		E-mail address: (to be used	for future a	nnual re	port notification	on)	
For fu	rther information	n concerning this matter, pleas	e call:				
		THIA VIERA	at (		_)		92-3170
	Name	e of Person	,	Arca Co	de & Daytime	Telep	phone Number
Enclos	sed is a check f	for the following amount:					
<b>]</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	ified C	ing Fee & lopy opy 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		Registr Divisio Clifton 2661 E	Courier Add ation Section on of Corpora Building xecutive Cen assee, FL 323	tions ter C	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company	√ is:					
(Manet	C & C STONE DIS	STRIBUTOR LLC .iability Company," "L.L.C.," or "Ll.C.")					
		liability Company, "L.L.C., or "LEC.)					
ARTICLE II - Add The mailing address		ne principal office of the Limited	Liability Company is:				
Principal Office Ad	dress:	Mailing Address:					
3131 NW 79 AVE, MAMI, FL 33122	SUITE# 2	3131 NW 79 AVE, SUITE# 2 MIAMI, FL 33122					
business entity with an act	orida street address of t  CYNTH  No.  3131 NW 79  Florida street address (	Registered Agent. You must designate an in the registered agent are:  HIA VIERA ame  I AVE, SUITE# 2  (P.O. Box NOT acceptable)  FL 33122 ate, and Zip	O9 NOV 24 ANTI: 28 SEURE DARY OF STATE TALLAHASSEE, FLORIDA				
_	MIAMI City, Sta	Þ					
liability company registered agent and statutes relating to	at the place designated dagree to act in this cap the proper and complet ations of my position as	d to accept service of process for to in this certificate, I hereby accept acity. I further agree to comply we performance of my duties, and it registered agent as provided for it ignature (REQUIRED)	nt the appointment as with the provisions of all I am familiar with and				

(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:

<u>Title:</u> "MGR" = Manag "MGRM" = Mar	-	Name and Address:		
MGR		CYNTHIA VIERA  13760 EAST PALOMINO DRIVE SOUTHWEST RANCHES, EL 33		
MGR		MARCELINO PEREZ 13760 EAST PALOMINO DRIVE SOUTHWEST RANCHES, FL 33		
(Use attachment	if necessary)			
	ted, the date must be sp	te of filing: <u>//-<b>20</b>-2009</u> Decific and cannot be more than five t		
<u>REQUIRED</u> SIG	1.	marefun f	2	
	of this document constitute that the facts stated herein	ı '	SEURE FALLAH	
	Typed  ee for Articles of Organiza	ERA MARCELINO PEREZ or printed name of signee	TARY OF STATE ASSEE, FLORIDA	
\$ 30.00 Certifie	stered Agent d Copy (Optional) ate of Status (Optional)		:28 TATE DRIDA	**************************************