Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA Account Number: 072450003255 : (305)634-3694 Phone

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address:_

FLORIDA LIMITED LIABILITY CO. FINEST NATURAL STONE LLC

Certificate of Status	0
Certified Copy	0
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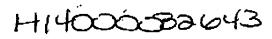
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Help

2/10/2014

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COVER LETTER

	COVERLETTER	
	gistration Section vision of Corporations	
SUBJECT:	FENEST NATURAL STONE LLC	
	Name of Limited Liability Company	
The enclosed	ed Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	PICARDO TOJE RUBI	
_	Name of Person	
	FENEST NATURAL STONE	
_	Firm/Company	
	FIRM/Company 659 NW 123 PLACE Address	
-	Address	
	MIAMI, FL 33182 City/State and Zip Code	
	City/State and Zip Code 7-2-UIST © COMCAST. NET B-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
Tar	CAPUS PUBL at 305 992 4318 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	a check for the following amount:	
7\$ 125.00 Filin	ing Fee \$\Bigcup \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	Status &

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: (S9 NW 123 PACE Mailing Address: (S9 NW 123 PACE Mailing Address: (The Limited Liability Company cannot serve as its own Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: PARA PIST Name (S9 NW 123 PACE Florida street address (P.O. Box NOT acceptable) Name (S7 NW 123 PACE Florida street address (P.O. Box NOT acceptable) The name and as registered agent and to accept service of process for the above stated limited liability company of 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 dulles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. RB2	ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: (659 NW 123 PIACE FIAML FL 3318L ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: FLORUS FULL Name (559 NW 123 PUACE Florida street address (P.O. Box NOT acceptable) WEARL FL Zijp 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 call in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	FINEST NATURAL STONE LLC	
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	Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:	
"AMBR" = Authorized Member	· ·	
"MGR" - Manager	KICAROS KUBT	
	659 NW 123 PLACE	
	MEANT, FL 33182	
	·	
of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90	days after
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