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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prestige Stone Care, LLC
848 Brickell Ave., Suite 900
Miami, FL 33131

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

July 14, 2014

To Whom It May Concern,

This letter is to state that as of July 31, 2014, Prestige Stone Care, LLC has been dissolved.

The company will not be reinstated in the future, as it's a final dissolution; therefore the name of Prestige Stone Care is released.

If you have any questions please feel free to contact me directly at 305.336.3222.

Sincerest Regards,



Andrey Jimenez-Trushina

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this July 14, 2014 by Andrey G. Jimenez-Trushina, who is personally known to me.



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRESTIGE STONE CARE, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Inna V Skachilova-Garrigo

Name of Person

Prestige Stone Care, LLC

Firm/Company

848 Brickell Ave, ste# 900

Address

Miami, FL 33131

City/State and Zip Code

inna@prestigestonecare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inna V Skachilova-Garrigo

Name of Person

at (305)

Area Code

877-9238

Daytime Telephone Number

Enclosed is a check for 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 Fee,
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 Address

Registration Section
Division of Corporations
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:

Prestige Stone Care, LLC

(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:

848 Brickell Ave, ste #900
Miami, FL 33131

Mailing Address:

848 Brickell Ave, ste #900
Miami, FL 33131

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:

Ricky D. Garay

Name

1831 SW 27th Ave

Florida street address (P.O. Box **NOT** acceptable)

Miami,

FL 33145

City

Zip

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jorge I. Garrigo

AMBR

Silvia M. Garrigo

AMBR

Inna V Skachilova-Garrigo

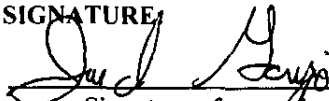
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jorge I. Garrigo

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)

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SECRETARY OF STATE
ALFONSO RIVERA