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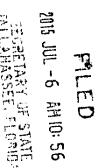
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COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: STONE TO PERFECTION 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:
CHRISTOPHER SHAWN HADLEY Name of Person
STONE TO PERFECTION Firm/Company
501 NW 97 Fer. Address
PEMBROKE PINES, F1. 33024 City/State and Zip Code CHADLEY 27 D AOI. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTOPHER HADIEY at (954) 914-6844 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ \$155.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}} \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
STONE TO PERFECTION 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: Mailing Address:		
SOI NW 97 tel SAME PEMBROKE PINES, Fl. 33024		
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:		
CHRISTOPHER SHAWN HADLEY		5010 00
501 NW 97 teR. Florida street address (P.O. Box NOT acceptable)	HASSE	ř
PEMBROKE PINES F1. 33024 City State Zip	er stat	

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)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Auth	orized Member	Name and Address:
"MGR" = Mana		CHRISTOPHER SHAWN HADLEY
		SOI NW 97 ter PEMBROKE PINES, FI-33024
		
	 	
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