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PICK-UP WAIT MAIL	
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SECRETARY OF STATE
AREASSEE, FLORIDA

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tananassee, FE 323	114		
SUBJECT: ST St	one Design, inc		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	<u>LUDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
		ADDITIONAL CO	& Certificate of Status
FROM: Sa	muel Trochez Castellanos Name	e (Printed or typed)	.
	5104 Falmouth Drive	Address	
,	Orlando Florida 32812	y, State & Zip	
	407-923-3355	y, thate to Zip	
		Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ST Stone Design, inc

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

5104 Falmouth Drive Orlando Florida 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installation of Columns, Balustrade and other home building ornaments

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares (at \$2.00 per share)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Owner and president: Samuel Trochez Castellanos
5104 Falmouth Drive
Orlando Florida, 32812

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Samuel Trochez Castellanos

5104 Falmouth Drive Orlando Florida, 32812

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Samuel Trochez Castellanos 5104 Falmouth Drive Orlando Florida, 32812

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Samuel Frothez Costallanos

Signature/Registered Agent

Samuel Frothez Costallanos

Signature/Incorporator

Date

O3 20 08

Date

