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Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			



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15 FEB -5 PH 2: 46

Office Use Only

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COVER LETTER

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

Tallahassee, FL 32	314	.1	$(e_{ij}) = (e_{ij} + 1) \cdot \hat{A}(e_{ij})$
		in the second	•
SUBJECT:	Set-n-Stone Cre	eations, Inc	
	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incornoration an	d a check for:
Enclosed are an only	ginar and one (1) copy of the ar	neles of incorporation an	d a check for.
\$70.00	\$78.75 Filing Fee	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	anthony Do Sim	on e	
TROM	Anthony De Sim		
	8765 NOVa Ro	م المناسبة	.,,,,
	,	Address	
	Ommond Beach	PL 32174	· · · · · · · · · · · · · · · · · · ·
	City	, State & Zip	
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		incoyaho	D, 60m
	E-mail address: (to be use	ed for future annual report	notification)
	#ddieddi (10 00 db)		

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



15 FEB -5 PM 2: 46

January 14, 2015

To Whom It May Concern:

We would like to notify you that we will not reinstate Set-n-Stone Creations, Inc and would like to have the business name released so that we can reuse the name for a new entity. Should you have any questions, please contact me at anytime.

Thank You, Anthony Desimone 386-453-9156



January 26, 2015

ANTHONY DESIMONE 876 N. NOVA ROAD ORMOND BEACH, FL 32174

SUBJECT: SET-N-STONE CREATIONS, INC.

Ref. Number: W15000005280

We have received your document for SET-N-STONE CREATIONS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 515A00001534

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

ARTICLE I NAMI The name of the corporati	e on shall be: Set-n-S	tone Cre	eations.Inc	
	CIPAL OFFICE Principal street address		Mailing address, if	different is:
8765, NA	a Road			PR PR
Romand Be	each, EL	_		20 2
,	32174	- -		
ARTICLE III PURF	POSE e corporation is organized is:	PROPI	es San Green	<u></u>
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			· · · · · · · · · · · · · · · · · · ·	
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		<u> </u>	\	
ARTICLE IV SHA. The number of shares of s				
	On the Organia			
Name and The	Anthony DeSim 3360 Ocean Sho	v Rinel	de and 1 itte:	<u> </u>
Address	#206	Add	dress:	
	Ormand Beach,		, 1 	
	urmona yenon,	KC3 5121	 	
Name and Title:		Nan	ne and Title:	
•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Name and Title:		Nan	ne and Title:	
Address		Add	dress:	

Name an	d Title:	Name and Title:
Address		Address:
		
ARTICLE VI	REGISTERED AGENT	
The name and Fi	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Anthony Desimme	- 5 T
Address:	Blame 876. S. Nova. R	T
	Ormand Beach, FL 3	32174 John
ARTICLE VII	INCORPORATOR	PH 2: 46
The name and ac	idress of the incorporator is:	
Name:	anthony Desimone 876 S. Nova Road	
Address:	876 S. Nova Road	- .
	Domond Beach, Cr 321	174
	ned as registered agent to accept service of process am familiar with and accept the appointment as rej	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		1-14-12
- 00	Required Signature/Registered Agent	
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
/	RAPh	2-5-15
	Required Signature/Incorporator	Date