

L10000062186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

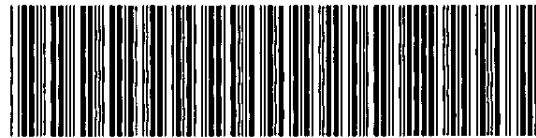
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000181529180

06/10/10--01009--012 \*\*125.00

FILED  
TO ACHNOWLEDGE  
SUFFICIENCY OF FILING

2010 JUN 10 AM 11:31

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

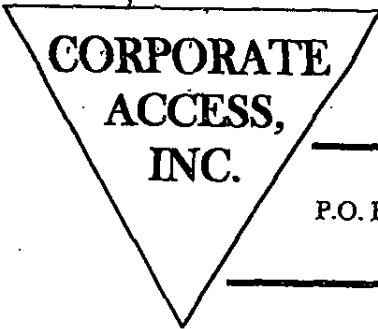
10 JUN 10 PM 2:06

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

JUN 10 2010

EXAMINER



When you need ACCESS to the world

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 10 AM 2:06

WALK IN

PICK UP: 6/10 TB

- CERTIFIED COPY
PHOTOCOPY
CUS
FILING LLC

- 1. Stone Property Holdings, LLC
(CORPORATE NAME AND DOCUMENT #)
2.
(CORPORATE NAME AND DOCUMENT #)
3.
(CORPORATE NAME AND DOCUMENT #)
4.
(CORPORATE NAME AND DOCUMENT #)
5.
(CORPORATE NAME AND DOCUMENT #)
6.
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 10 PM 2:08

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**STONE PROPERTY HOLDINGS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5170 NW 110<sup>th</sup> Avenue  
Ocala FL 34482

**Mailing Address:**

5170 NW 110<sup>th</sup> Avenue  
Ocala FL 34482

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Charles Stone  
5170 NW 110<sup>th</sup> Avenue  
Ocala FL 34482

*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 608, Florida Statutes.*



Charles Stone

**ARTICLE IV- Manager(s) or Managing Member(s):**

The names and addresses of the Manager(s) is/are as follows:

**Title:**

**Name and Address:**

"MGR"

Charles Stone  
5170 NW 110<sup>th</sup> Avenue  
Ocala FL 34482

**REQUIRED SIGNATURE:**

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

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles Stone  
\_\_\_\_\_  
Typed or printed name of signee