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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

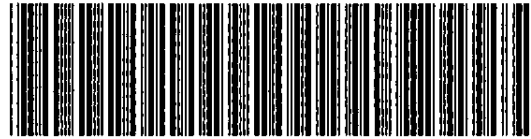
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF STATE  
OFFICE OF THE ASST. SECRETARY FOR  
PUBLIC AFFAIRS

AUG 08 2014  
J. BRUCE

EFFECTIVE DATE 08/05/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STONE SOUP ISC, 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:

JAN MYERS  
Name of Person  
STONE SOUP ISC, LLC  
Firm/Company  
700 D BEAL PARKWAY  
Address  
FORT WALTON BEACH, FLORIDA 32547  
City/State and Zip Code  
intuitivespiritualcenter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAN MYERS at ( 850 ) 699-5459  
Name of Person Area Code 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

DATE \_\_\_\_\_

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 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STONE SOUP ISC, 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:

700 D BEAL PARKWAY  
FORT WALTON BEACH, FLORIDA  
32547

Mailing Address:

700 D BEAL PARKWAY  
FORT WALTON BEACH, FLORIDA  
32547

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:

Jan Myers  
Name  
16 Port Dixie Blvd  
Florida street address (P.O. Box NOT acceptable)  
Shalimar FL 32579  
City Zip

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STATE CLERK OF STATE  
TALLAHASSEE FLORIDA

*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)

FILE DATE 08/05/14

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:

Jan Myers

P.O. Box 255

Shalimar, FL 32579

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(Use attachment if necessary)

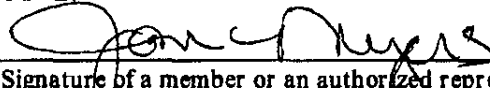
ARTICLE V: Effective date, if other than the date of filing: 08/05/2014 (OPTIONAL)

(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.)

Jan Myers

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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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)