1800028344

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phon	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Dx	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

100321071941

11/27/18--01002--003 **125.00

18 DEC 11 AH 9: 56

Office Use Only

K. PAGE

DEC 1 2 2018



November 30, 2018

WILLIE J GRIMBALL PO BOX 880576 BOCA RATON, FL 33488-0576

SUBJECT: STONECASTLE PUNLICATIONS LLC

Ref. Number: W18000103766

We have received your document for STONECASTLE PUNLICATIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

Please return 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.

Letter Number: 818A00024475

Keyna E Page Regulatory Specialist II

2018 DEC 11 ATT1: 43

www.sunbiz.org

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	ECT: Stone Castle Pub Name of Limite	lications LLC. d Liability Company
The end	nclosed Articles of Organization and fee(s) are st	abmitted for filing.
Please i	return all correspondence concerning this matter	r to the following:
	Willie	5. GrimbalL Same of Person
	1	Name of Person
		Firm/Company
	P.O. BOX 880570	l _o
		Address
	Boca Raton Fl 3	33488 - 0576
	City	State and Zip Code
	jerrimiah @ stone(ast)	State and Zip Code (State and Zip Code (Spublications, DR9 future annual report notification)
or furth	her information concerning this matter, please ca	iti:
	Willie Grimballow 5	61,350-2/25
	Willie Grimball at (5 Name of Person Area	Code Daytime Telephone Number
_	sed is a check for the following amount:	
]\$125.0	00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 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:		
Cl. a Ha	P. Wiretinus 11C.	

(Must contain 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:
343 Dorset I	P.O. BOX 880576
UNI+ 343	BOCA RATON, F1 33484-0576
Boca Raton, F1 33434-3081	

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:

Willie	<u> </u>	Frimball
	Name	
343 DORSE	2TI	
Florida street address	(P.O. Box <u>S</u>	OT acceptable)
BOCA RATON,	FL	33434-3081
Boca RatoN, City	State	Zip

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)

18 DEC 11 AM 9: 57

ARTICLE IV-	
The name and address of each name on a	ha

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" Manager	•
"XIGR" Manager	
•	Wille J Grinhall
AMBR	Willie J. Grimball 343 DOISCT F BOCA RATON 1-1 33434-3081
	BOCG RETON 15/ 33434-308/
(Use attachment if necessary)	
e of filing.) If the date inserted in this block do	bes not meet the applicable statutory filing requirements, this date will not be
e of filing.) If the date inserted in this block donument's effective date on the Dep	bes not meet the applicable statutory filing requirements, this date will not be
e of filing.) If the date inserted in this block document's effective date on the Dep	bes not meet the applicable statutory filing requirements, this date will not be
e of filing.) If the date inserted in this block document's effective date on the Deporter VI: Other provisions, if any. REQUIRED SIGNATURE:	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records.
e of filing.) If the date inserted in this block document's effective date on the Deporter VI: Other provisions, if any. REQUIRED SIGNATURE:	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records.
e of filing.) If the date inserted in this block document's effective date on the Dep LE VI: Other provisions, if any. REQUIRED SIGNATURE:	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records.
e of filing.) If the date inserted in this block document's effective date on the Deport ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Will Signature	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records.
e of filing.) If the date inserted in this block document's effective date on the Deport VI: Other provisions, if any. REOURED SIGNATURE: Signature This document Lam aware that	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. Language J. Lang
e of filing.) If the date inserted in this block document's effective date on the Deport VI: Other provisions, if any. REOURED SIGNATURE: Will Signature This document I am aware that constitutes a this	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. L. J. L.
e of filing.) If the date inserted in this block document's effective date on the Deport VI: Other provisions, if any. REOURED SIGNATURE: Will Signature This document I am aware that constitutes a this	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. L. J. L.
e of filing.) If the date inserted in this block document's effective date on the Deport ELE VI: Other provisions, if any. REOURED SIGNATURE: Will Signature This document I am aware that constitutes a this	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. L. J. L.
e of filing.) If the date inserted in this block document's effective date on the Deport ELE VI: Other provisions, if any. REOURED SIGNATURE: Will Signature This document I am aware that constitutes a this	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. Let J. Let
e of filing.) If the date inserted in this block document's effective date on the Deport ELE VI: Other provisions, if any. REOURED SIGNATURE: Will Signature This document I am aware that constitutes a this	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. L. J. L.
REOURED SIGNATURE: Signature This document Lam aware that constitutes a this L	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. L. J.
REOURED SIGNATURE: Signature This document Lam aware that constitutes a this L	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. Language of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S. Lie Jermson Filing Fees: Esting Fees: Esti
REOURED SIGNATURE: Signature This document I am aware that constitutes a this	bes not meet the applicable statutory filing requirements, this date will not be artment of State's records. Land Land Land Land Land Land Land Land