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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Enlity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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,.. FÉORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	ACCOUNT: 120210000160: \$ <u>\$130.00</u>
AUTHORIZATION SIGNATURE:	antito
White Stone Builders LLC	
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copies of Articles of Organ	ization
X Certificate of Status	2021
NEW FILINGS	AMMENDMENTS AUG
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
X_Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal>
CORP	Merger
LLLP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
	Trademark
APOSTIL ()	Other
Country	
	EXAMINER'S INITIALS:

FLÖRIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS	ACCOUNT: I20210000160: \$ <u>\$130.00</u>
AUTHORIZATION SIGNATURE:	In the
White Stone Builders LLC	
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copies of Articles of Orga	nization
X Certificate of Status	AMMENDMENTS 2024
<u>NEW FILINGS</u>	AMMENDMENTS S S
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director—
X_Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawa ;
CORP LLLP	Merger Conversion
13434	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Limited Partnership
Fictitious Name	Reinstatement
ADOSTH ()	Trademark
APOSTIL ()	Other
Country	

EXAMINER'S INITIALS:_____

COVER LETTER

	Registration Section Division of Corporations		
CUBICA	White Stone Builders LLC		
SUBJEC		Limited Liability Company	_
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	turn all correspondence concerning this i	matter to the following:	
	Jay Butler		
		Name of Person	
	Asset Protection Services of America	a Trust	
		Firm/Company	···
	401 Ryland Street, Suite 200-A		2024
		Address	2024 .UG
	Reno, Nevada 89502-1643		b
	Admin@AssetProtectionServices.com	City/State and Zip Code	11 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E-mail address: (to be use	ed for future annual report notification)	57
For further	information concerning this matter, plea	ase call;	
	Jay Butlerat (at (_at (775 461-5255 Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee. te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
White Stone Builders LLC				
(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "L.LC.")			
ARTICLE II - Address:				
The mailing address and street address of the principal office	of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4637 Vincennes Boulevard	4637 Vincennes Boulevard			
Unit #5	Unit #5			
Cape Coral, Florida 33904	Cape Coral, Florida 33904			
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regionanother business entity with an active Florida registration.)				
The name and the Florida street address of the registered ager	ent LLC			
Northwest Registered Age	ent LLC			
	me			

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..

Florida street address (P.O. Box NOT acceptable)

Florida

State

7901 4th Street North

City

St. Petersburg

egistered/Agent/s Signature (REQUII

33702

Zip

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Robert Ryan Knight 4637 Vincennes Boulevard, Unit #5 Cape Coral, Florida 33904
MGR	Deborah Jeanne Knight 4637 Vincennes Boulevard, Unit #5 Cape Coral, Florida 33904
(Use attachment if necessary)	7824 NUG-
ine date of fining.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as e's records.
ARTICLE VI: Other provisions, if any.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Jay Butler, Organizer

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)