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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**TO:** Registration Section  
Division of Corporations

04 JAN -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** STONEBROOK PLAZA, L.L.C.

(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:

RAY G FLORES, CPA

(Name of Person)

CG FLORES & RAY G FLORES, CPA

(Firm/Company)

809 BEVERLY PKWY

(Address)

PENSACOLA FL 32505

(City/State and Zip Code)

For further information concerning this matter, please call:

RAY FLORES

(Name of Person)

at ( 850 )

435-6845

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
FOR STONEBROOK PLAZA, L.L.C.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I. Name**

The name of the Limited Liability Company is STONEBROOK PLAZA, L.L.C.

**ARTICLE II. Address**

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

Principal Office Address:

5553 Hwy 90  
Pace, Florida 32571

Mailing Address:

5553 Hwy 90  
Pace, Florida 32571

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature**

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

Purushottam Kumar Garg

5553 Hwy 90  
Pace, Florida 32571

*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 property 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, F.S.*

P. K. Garg

Registered Agent's Signature

01-01-04

**ARTICLE IV. Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Purushottam Kumar Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Anju Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Saumya Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Nupur Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Neha Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Priya Garg 4534 Amblerwood Court Pace, Florida 32571

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**REQUIRED SIGNATURE:**

P. K. Garg 01-01-04  
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.)

Purushottam Kumar Garg, Managing Member  
Name of signee

Filing Fees:  
\$100.00 Filing Fees for Articles of Org.  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Statute (Optional)