

L040000047198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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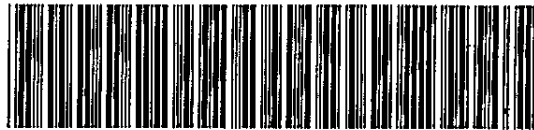
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 30 2004

Law Office  
Stephen M. Stone

725 N. Magnolia Avenue  
Orlando, Florida 32803

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STEPHEN@SMSTONELAW.COM

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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

July 26, 2004

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Leon Stone & Associates, LLC/Stone & Associates, LLC  
Articles of Correction

Dear Sir/Madam:

Enclosed herewith please find Articles of Correction for Florida or Foreign Limited Liability Company correcting the LLC name from Leon Stone & Associates, LLC, to Stone & Associates, LLC., as well as a check in the amount of \$55.00 for the filing fee and a certified copy.

Please forward the certified copy of the Certificate to my office, for which a self-addressed stamped envelope is provided herewith.

Should you have any question, please do not hesitate to contact my office.

Very truly yours,



Stephen M. Stone

SMS:nlb  
Enclosures

cc: Mr. Leon N. Stone

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
LEON STONE & ASSOCIATES, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:


ARTICLE 1. NAME: The name of the Limited Liability Company is:

STONE & ASSOCIATES, LLC

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: July 26, 2004

  
Signature of a member or authorized representative of a member

Stephen M. Stone, Esq., Atty. for Leon N. Stone, Member

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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2004 JUL 28 PM 1:50  
UNIVERSITY CORPORATIONS  
TALLAHASSEE, FLORIDA

Facsimile Audit No. H04000132129 3

ARTICLES OF ORGANIZATION  
OF  
LEON STONE & ASSOCIATES, LLC

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2004 JUL 28 PM 1:50  
UNION-CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the Limited Liability Company is: LEON STONE & ASSOCIATES, LLC.

ARTICLE II. ADDRESS

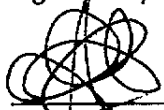
The mailing address and street address of the principal office of the Limited Liability Company is: 3825 Henderson Boulevard, #403, Tampa, Florida 33629-5032.

ARTICLE III. REGISTERED AGENT, REGISTERED  
OFFICE, AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent and Office is:

STEPHEN M. STONE  
725 North Magnolia Avenue  
Orlando, Florida 32803

*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, F.S.*



STEPHEN M. STONE

June 23, 2004


(Date)

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ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Executed this 23rd day of June 2004.

  
\_\_\_\_\_  
STEPHEN M. STONE, ESQUIRE  
725 North Magnolia Avenue  
Orlando, Florida 32803  
Attorney for Leon N. Stone, 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.)

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